

Ventura County Christian School

Personal Recommendation Form for High School

Student's Information

Last Name	First Name	Middle Name	Grade	School Year
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The above-named individual is applying for admission to Ventura County Christian High School. The Administrative Office finds candid, thorough evaluations invaluable to the decision-making process of admitting students.

Please include any information you feel is pertinent, and remember that your prompt appraisal of the candidate will help to assure full consideration.

This form must be completed by one of the following: a minister or youth worker, a school teacher from the past three years, or an adult friend not related to the applicant.

Please rate the applicant in each of the following categories:

<u>Trait</u>	<u>Superior</u>	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>	<u>No Basis for Judgment</u>
Responsibility/Accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation/Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please expand or qualify your evaluative marks concerning the applicant.

How long have you known the applicant? _____ In what capacity? _____

Do you recommend the applicant without reservation? Yes No If any, please explain on back.

Thank you.

Signature	Printed Name	Date
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Referee's Information

Street Address (include "Street," "Road," etc.)	City	State	ZIP Code
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