

Christ Our Rock

LUTHERAN HIGH SCHOOL

CHARACTER RECOMMENDATION

The following student has applied for admission to Christ Our Rock Lutheran High School and has given permission to seek a recommendation from you.

STUDENT _____

Grade Level _____

Please give your evaluation of this student by circling the appropriate number on each line.

(5= Always 1= Never UTJ= Unable To Judge)

- | | | | | | | |
|--|---|---|---|---|---|-----|
| 1. Student is positively involved in his/her community | 1 | 2 | 3 | 4 | 5 | UTJ |
| 2. Student is a positive influence on others | 1 | 2 | 3 | 4 | 5 | UTJ |
| 3. Student appears to be socially accepted by peers | 1 | 2 | 3 | 4 | 5 | UTJ |
| 4. Student's behavior evidences high moral standards | 1 | 2 | 3 | 4 | 5 | UTJ |
| 5. Family is supportive of student's activities | 1 | 2 | 3 | 4 | 5 | UTJ |
| 6. Behavior patterns are constructive and positive | 1 | 2 | 3 | 4 | 5 | UTJ |
| 7. Please describe a strength of this student. | | | | | | |

8. Please describe a weakness of this student.

9. Do you recommend this student for acceptance to CORLHS? Yes No

10. Do you request for this recommendation to be kept confidential? Yes No

If no, this information may be discussed with the student and family.

Please use the back of this form to give any additional comments that would help us in understanding this student.

Your Name _____ Signature _____ Date _____

Relationship to student _____

Please complete and return this form to: Christ Our Rock Lutheran High School
9545 Shattuc Road
Centralia, IL 62801

Or fax to 618-226-3312

If you have any questions, please call us at 618-226-3315. Thank you for your assistance in evaluating this student!