



Early Enrollment Program

RECOMMENDATION FORM

Student's Name: _____

Principal/Counselor's Name: _____

Principal/Counselor's Signature: _____ Date: _____

High School _____

DIRECTIONS: Please help us select the best candidates for Early Enrollment Program by checking one response for each category listed below.

	ACHIEVEMENT	ATTENDANCE	ATTITUDE	STUDY SKILLS	MATURITY
OUTSTANDING					
GOOD					
AVERAGE					
POOR					
UNSATISFACTORY					

Briefly describe student's potential for success in the Early Enrollment Program:
