Atholton Adventist Academy
6520 Martin Road, Columbia, MD 21044
phone: 410-740-2425 fax: 410-740-2545 office@atholton.us

Student Recommendation Form

Applicant's Name: _____ Entering grade:_____

To be completed by applicant's previous school teacher and/or principal. Please give a general assessment of the applicant applying for admission to Atholton Adventist Academy. All information will be kept confidential. In the box below, check the box that applies.

Qualities	N/A	Below Average	Average	Above Average
Energy and initiative				
Leadership				
Responsibility				
Self-confidence				
Warmth of personality				
Sense of humor				
Concern for others				
Reaction to criticism				
Reaction to setbacks				
Maturity				
Good judgment				
Self-discipline				
Personal appearance				
Attendance				
Shows respect for others				
Cooperative				

Does the applicant have any special academic needs or been evaluated for any physical, emotional, or academic reason?

_____

Has the applicant had any discipline problems? (Please explain)

_____

To your knowledge has the student ever used tobacco, alcohol, or drugs?

_____

How long have you known the applicant?

_____

Overall rating: _____ Strongly recommend _____ Recommend
_____ Recommend with reservation _____ Do not recommend

May we contact you for further information? Yes _____ No _____

Administrator: Have all financial obligations to your school been fulfilled? Yes _____ No _____

Reference completed by:

Name:_____ Title: _____

Institution: _____ Phone Number: _____

E-mail address: _____