

RECOMMENDATION FORM

Name of Applicant: _____ Recommenders' Name: _____

To the individual completing this Recommendation Form:
 Thank you very much for completing this form. We believe that your evaluation of the above candidate is an important part of the application process.
 When completed please return form to:
JETS, 16601 Rinaldi St., Granada Hills, CA 91344
 or fax to (818) 831-3002 or return to Applicant (in sealed envelope) to be sent in with his application form.
 The contents of this form will be kept entirely confidential.

How long and in what capacity have you known applicant? _____

Please check the appropriate answer: on a scale 1 through 5; 1 being the lowest and 5 being the highest

Student's Traits	1	2	3	4	5	Comments
Desire for academic growth						
Consideration for others						
Commitment to religious decorum						
Responsiveness to constructive criticism						
Level of responsibility						

Please answer the following questions focusing on the student's academic potential, character and maturity:

Your observations of the student's strengths and weaknesses: _____

Does this student have any special physical or emotional needs? _____

Your observations of the student's social skills: _____

Your observations of the student's academic skills: _____

Has the applicant had any discipline issues, in the last 3 years including fighting, misbehavior, being suspended or expelled? _____

Additional Comments _____

- I would *highly recommend* this applicant for admission to JETS
- I would *recommend* this applicant for admission to JETS
- I *cannot recommend* this applicant for admission to JETS

 Signature Date () Phone

Thank you for your co-operation and assistance