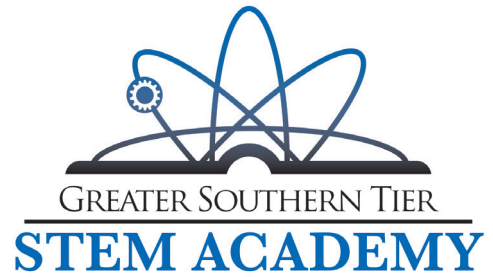


School Counselor Recommendation



To be filled out by applicant's school counselor.

Date: _____

Student Full Name: _____ Ethnicity _____ ELL Yes No

IEP Yes No 504 Yes No Free/Reduced Lunch Yes No Other health concerns: Yes No

Counselor Name: _____

Counselor Email: _____

Counselor Phone: _____ Counselor Fax: _____

Administrator Name: _____ Administrator Email: _____

Attendance in _____ School Year: _____ Days Tardy _____ Days Absent

Please rate using the following scale:

- | | | |
|------------------------------|------------------------|----------------------------|
| 1 = unacceptable | 3 = average | |
| 2 = below average | 4 = above average | 5 = outstanding |
| _____ Academic Ability | _____ Respectfulness | _____ Resilience |
| _____ Ability to Collaborate | _____ Conduct | _____ Effort |
| _____ Works Independently | _____ Participation | _____ Articulates Thoughts |
| _____ Self-Discipline | _____ Motivation | _____ Conflict Resolution |
| _____ Leadership | _____ Accepts Feedback | _____ Integrity |

In reference to the rating scale above, please comment on the applicant's strengths and challenges. Please be specific. (Use additional paper if necessary.)

Please provide a detailed explanation of why you believe this student would be an ideal candidate for the STEM Academy. (Use additional paper if necessary.) Please highlight how this student demonstrates critical thinking, problem-solving, works in a team setting, persistence and motivation.

If it were not for this opportunity, do you believe the student would achieve their college and career goals? Why or why not? (Use additional paper if necessary.)

Counselor Signature: _____ Middle School Principal Signature: _____

**** Please include a copy of the student applicant's report card (grades 7-8) and discipline history (grades 7-8) in the application packet.**