



Student Recommendation Form

Name of student: _____

School: _____ Current Grade: _____

Recommendation should be in a sealed envelope with your signature across the sealed flap. The application deadline is **April 26, 2024**.

Please complete it in a timely manner, as the student’s application is not complete without it. Thank you for taking time to fill out this form.

Date: _____ Name of reference: _____

Address: _____

Home phone: _____ Work Phone: _____ Email _____

1. How long have you know this student? _____

2. In what capacity have you known this student? _____

____ Teacher ____ Community Leader ____ Other, please specify: _____

3. **Descriptors:** **Superior** **Good** **Adequate** **Weak** **N/A**

Descriptors:	Superior	Good	Adequate	Weak	N/A
Ability to work with others					
Leadership					
Seriousness of purpose					
Initiative					
Persistence					
Creativity					
Academic Performance					
Bilingual Skills					
Communication Skills					

4. To be considered for **ACADEMIA LATINA**, students must show a personal commitment to attend and participate. How can this student benefit from **ACADEMIA LATINA**?

5. Academia Latina is looking for students who would like to learn and grow their skills including: Leadership; Special Talents; Fine and Performing Arts; Creativity and other skills or abilities. Please share any qualities this participant would bring to **ACADEMIA LATINA**.

6. Are there any behavioral characteristics (e.g., self-discipline, respect for rules and people in authority) that we should know about that would help us better serve this student?

7. Do you feel it would be beneficial for us to contact you? Yes No

**Thank you for taking the time to complete this recommendation form.
We value your professional opinion in the assessment of this student.**

Please return form via:

By mail: SOU Pre-College Youth Programs or **Email:** latinoprograms@sou.edu
Attn: ACADEMIA LATINA
1250 Siskiyou Blvd., Ashland, OR 97520