



## SENIOR COUNSELOR | RECOMMENDATION FORM

## **Applicant Recommendation Directions:**

t mama a af ammliaamt.		Einst non			
et name of applicant:		riist nan	ie		
eck box to rate applicant accord	ing to the observed	areas listed be	low.		
Descriptors:	Superior	Good	Adequate	Weak	Unable to Rate
Ability to work with others					
Leadership					
Seriousness of purpose					
nitiative					
Persistence					
Creativity					
Academic Performance					
Bilingual Skills					
Communication Skills					
licate the number of years you	have known the a	ipplicant:			
l Name:					
ork Title:					
me of Work Place:					
ail:		Pho	ne Number:		
gnature of the Person Making th	e Recommendation	1		Date	
w to Submit:					

All applicant recommendation forms or any additional letters of recommendation must be postmarked on or before **Friday, February 9, 2024** to be considered for a position.

(See next page)

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