



ACADEMIA LATINA



JUNIOR COUNSELOR RECOMMENDATION FORM

Applicant Recommendation Directions:

1. Applicant should select a teacher, administrator, coach, counselor, employer or other professional who can best respond to the prompts on this recommendation form.
2. Recommendation deadline: postmarked by or before, **May 3, 2019**.

Last name of applicant: _____ First name: _____

Check box to rate applicant according to the observed areas listed below.

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

Indicate the number of years you have known the applicant: _____
(On the back of this form please add any other comment that you would like to share about the applicant.)

Signature of person making recommendation Printed name Date

Title Name of work place Street address

City State Zip Code Work phone number

Please mail this form to:
Southern Oregon University
Pre-College Youth Programs
Academia Latina
c/o Jonathan Chavez Baez
1250 Siskiyou Blvd.
Ashland, Oregon 97520

All applicant recommendation forms or any additional letters of recommendation must be postmarked on or before **Friday, May 3, 2019** to be considered for a position. You may duplicate this form as needed.