## **ACADEMY Junior Counselor Recommendation Form**

ACADEMY Junior Counselor students need <u>one</u> recommendation from a teacher or school administrator.

Recommender: Please complete it in a timely manner as the student's application is not complete until submitted.

## **KEEP CONFIDENTIAL**

| Name of Student   |                                  |                            |   |                |
|---|----------------------------------|----------------------------|---|----------------|
| School  |                                  | District                   | trict   |                |
| Name of Reference   |                                  | Position                   |   | _              |
| Work Phone  | Cell Phone                       | Home                       | Phone   | _              |
| Mailing Address   |                                  | Email                      |   | _              |
| City  |                                  | State                      | Zip   | _              |
| 1. How long have you known the  | nis student?                     |                            |   |                |
| as a teaching assistant in the  | class of their choice. Why       | do you believe this studen | et as role models and supervise younger stu<br>to the twould benefit from such a program?  describe your observations of the student? |                |
| 4. How does this student work   | in a classroom setting?          |                            |   |                |
| look for characteristics in the formula Measured intelligence Proven leadership abi A special talent Exceptional ability in | ollowing areas:<br>above average |                            | highly motivated or identified as talented a  | and gifted, we |

Give examples illustrating the categories checked above:

| 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 have any additional concerns you would like us to address with you by phone? Yes No   |  |  |  |  |  |

## **RETURN:**

by mail: SOU Youth Programs attn: SOU Youth Programs 1250 Siskiyou Blvd Ashland, OR 97520 in a sealed envelope with your signature across the sealed flap.

by email: youthprograms@sou.edu from teacher email (keep CONFIDENTIAL) subject line: ACADEMY and student's name in person: 1388 Siskiyou Blvd. Outreach and Engagement Office (shares parking lot with Omar's Restaurant) in a sealed envelope with your signature across the sealed flap.

KEEP CONFIDENTIAL Do not return this document unsealed through a parent or student