



LHSA Student Recommendation Form

Instructions for a Recent Teacher or School Administrator

Please complete and return this form to the LHSA office by email (sirwin@lhsa.com) Attn: Sandy Irwin.

If possible, please submit this within two weeks of receipt. THIS FORM IS CONFIDENTIAL.

Name of student: _____

Name of person completing form: _____ Title: _____

School: _____ City: _____

Email: _____ Phone: _____

Student Applicant and Parent(s)/Guardian(s)				
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How long have you known the student?	<input type="checkbox"/> 0-1 year	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 2-5 years	<input type="checkbox"/> 5+ years
Has this student been sent to the school office for discipline?	<input type="checkbox"/> Often (please explain below)		<input type="checkbox"/> Seldom	<input type="checkbox"/> Never
Has this student been suspended?	<input type="checkbox"/> Yes (please explain below)			<input type="checkbox"/> No
Has this student been expelled or asked to withdraw?	<input type="checkbox"/> Yes (please explain below)			<input type="checkbox"/> No
Student attendance	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Student academic achievement	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Student classroom conduct	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Student cooperation with school staff	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Parent(s) participation in school community	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Parent(s) academic support of student	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Parent(s) support of school staff	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

Does the student have an IEP, 504, or an accommodation plan? _____

Are there any student academic, behavioral, or social challenges that we should know about? _____

If more space is necessary, please attach a separate note.

Recommended Math Placement: Elementary Algebra Algebra 1 Geometry

Overall, I	<input type="checkbox"/> Do not recommend	<input type="checkbox"/> Recommend with reservation	<input type="checkbox"/> Recommend	<input type="checkbox"/> Recommend enthusiastically
Would you like to be contacted to specifically discuss this student?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Teacher's or Administrator's Signature

Date