MIDDLE COLLEGE APPLICATION

STUDENT NAME	SPS ID	CURRENT
STODENT NAME	51510	LEVEL
		LEVEL

COUNSELOR RECOMMENDATION FORM FOR MIDDLE COLLEGE

Dear Counselor: Your responses are very important in helping us determine the best candidates for the Middle College Program. We greatly appreciate your straight-forward, thorough responses. Your answers will remain confidential. Thank you for all that you do to support and guide students!

	lam comidential. Thank
\Box YES	□NO
•	□NO
□YES	□NO
\Box YES	□NO
□ Low Socio-economic Status □ Wants lots of college courses □ Wants to graduate early □ Siblings dropped out of high scho □ Lacks confidence □ Discipline problems □ Resists Authority □ Poor peer relationships	ool
ommendation for this student is as foll	
	Do Not Recommend
	ACT
	ASVAB
English EOC:	ASVAD
Signature:	
	apons, n?