



Living Word Lutheran High School -- Student Recommendation Form

Instructions for a Recent Teacher or School Administrator

Please complete & return this form to John Winter, LWLHS Director of Admission, via email (jwinter@lwlhs.com).

Alternatively, you can complete this form online at www.lwlhs.com/recommendationform

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

Name of Student: _____

Current Grade: _____

Name of person completing form: _____

Title: _____

School: _____

City: _____

Email: _____

Phone: _____

| Student Applicant and Parent(s)/Guardian(s) | | | | |
|-----------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------|------------------------------------|-----------------------------------|
| How long have you known the student? | <input type="checkbox"/> 1-2 years | <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"/> Excellent | |
| Student academic achievement | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Excellent | |
| Student classroom conduct | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Excellent | |
| Student cooperation with school staff | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Excellent | |
| Parent(s) academic support of student | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Excellent | |
| Parents(s) cooperative & supportive of the school | <input type="checkbox"/> Yes | <input type="checkbox"/> No (please explain below)* | | |

Does the student have an IEP, 504, or an accommodation plan? (On answer if "yes").

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

If more space is necessary, please attach a separate note. If there is an online behavioral record, please attach.

| | | | |
|----------------|-------------------------------------------|-----------------------------------------------------|-------------------------------------------|
| Overall, I ... | <input type="checkbox"/> Do not recommend | <input type="checkbox"/> Recommend with reservation | <input type="checkbox"/> Highly Recommend |
|----------------|-------------------------------------------|-----------------------------------------------------|-------------------------------------------|

Teacher's or Administrator's Signature

Date