

## TILLAMOOK ADVENTIST SCHOOL

## RECOMMENDATION

<b>PARENTS/GUARDIANS:</b> Fill in your student's name and sub	mit this form to your student's Pastor, Teacher, or a
person of authority all of whom should not be related to st	rudent.
STUDENT'S NAME:	CURRENT GRADE:

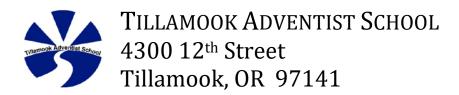
## THE FOLLOWING TO BE COMPLETED BY A PASTOR, TEACHER, OR PERSON OF AUTHORITY:

PASTOR, TEACHER OR PERSON OF AUTHORITY: This student is being considered for admission to Tillamook Adventist School. Your assistance in evaluating this student is greatly appreciated. Please return this form by fax (503-842-6236) or by mail (address on reverse). Since this student's enrollment process cannot be completed without this recommendation, we thank you for your timely response.

PERSONAL CHARACTERISTICS:	Below Average	Average	Above Average	ACADEMIC PERFORMANCE:	Below Average	Average	Above Average
Leadership Qualities				Ability to Follow Directions			
Honesty				Problem Solving Abilities			
Emotional Maturity				Ability to Work in a Group			
Spiritual Development				Ability to Work			
				Independently			
Relationship with Peers				Organizational Skills			
Relationship with Adults				Level of Responsibility			
Sense of Fair Play				Reading Comprehension			
Self Confidence				Oral Expression			
Self-Motivation				Written Expression			
Positive Influence on Peers				Attention Span			
Response to Constructive				Finishes On Time			
Criticism							
Attitude Toward Authority				Study Habits			
Refrains from Profanity or				Attendance			
Vulgarity							

2. In what areas does this student need the grea	test development?				
3. For academic ability and promise, I recommen	nd this student:				
☐ with reservations ☐ without enthusia	sm □ fairly strongly □ strongly □ enthusiastically				
4. For character and personal promise, I recommend this student:					
☐ with reservations ☐ without enthusia	sm □ fairly strongly □ strongly □ enthusiastically				
Printed Name:	<del></del>				
How long have you known the student?	In what capacity?				
Phone #	E-mail address				
Signature:	Date:				

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	Place Stamp Here To Mail



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ADDITIONAL COMMENTS:		
		<del>-</del>