

***Counselor Recommendation***

**To Be Completed By the Student: (Please use black or blue ink)**

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First MI

Date of Birth: \_\_\_\_\_\_\_\_Present Grade Level:\_\_\_\_\_\_\_Expected year of graduation:\_\_\_\_\_\_\_\_\_\_

School Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Counselor Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s or Guardian’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City Zip

Parent’s Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STANDARDIZED TEST RECORD** (This section to be completed by the counselor. Please type or print)

**STANDARDS OF LEARNING SCORES**

 **If Available**

**WRITING (GR8)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GEOMETRY \_\_\_\_\_\_\_\_\_\_\_\_ PSAT V-SCORE \_\_\_\_\_\_\_\_\_\_**

**RLR (GR8) \_\_\_\_\_\_\_\_\_\_\_\_\_ BIOLOGY \_\_\_\_\_\_\_\_\_\_\_\_ PSAT M-SCORE \_\_\_\_\_\_\_\_\_\_**

**ALGEBRA I \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ALGEBRA II\_\_\_\_\_\_\_\_\_\_\_\_ PSAT W-SCORE \_\_\_\_\_\_\_\_\_**

**EARTH SCIENCE \_\_\_\_\_\_\_\_\_\_\_\_\_**

**ACHIEVEMENT RECORD** (Please attach the student’s current school transcript to this form)

**DISCIPLINE RECORD** (Please attach the student’s discipline record to this form) If there are extenuating circumstances, please explain below):

**COUNSELOR RECOMMENDATION**

1. Based on your personal knowledge and information gathered during the application process, what are this student’s strengths and weaknesses as a prospective Governor’s Health Sciences Academy student?
2. To succeed at the Governor’s Health Sciences Academy, a student needs to attend regularly. How any absences does this student have this year to date? Is absenteeism a problem with this student? If so, are there any extenuating circumstances?
3. Please indicate on the scale below how highly you recommend this student for admission to the Governor’s Health Sciences Academy?

Highly Recommend \_\_\_\_\_ Recommend\_\_\_\_\_\_\_ Recommend with Reservation\_\_\_\_\_ Do not Recommend\_\_\_\_\_

**Counselor Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**