

# GUIDANCE COUNSELOR RECOMMENDATION

2017-2018

## Section 1: To be completed by the student (please print)

Student complete section 1 and submit the form to your guidance counselor to complete the remaining

sections. **Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
Last First MI

**Address:** \_\_\_\_\_  
Street City State Zip

**Current School:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Email Address:** \_\_\_\_\_

## Section 2: To be completed by the guidance counselor

Instructions for counselor: After completion, sign and return the form with any current transcript, profile, and schedule of courses in progress for this student. Send materials to **STEM Academy, Admissions, 129 Renshaw Ave, East Orange, NJ 07017. Call 973-266-5900 or Email [EOSTEMadmissions@gmail.com](mailto:EOSTEMadmissions@gmail.com).**

### STUDENT DATA VERIFICATION:

**Student GPA:** \_\_\_\_\_ based on \_\_\_\_\_ semesters **Class rank(if applicable)** \_\_\_\_\_ out of \_\_\_\_\_

**Student's course selection is:**  very demanding  Somewhat demanding  AVG.  BELOW AVG.

### Reference Assessment:

	No Basis	Below Average	Average	Above Average	Excellent
Academic Motivation					
Academic Ability					
Academic Potential					
Personal Character					
Emotional Stability					

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I recommend this student:  with reservation  fairly strong  strongly  enthusiastically

**Guidance Counselors Name** (please print): \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

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