

METROPOLITAN ARTS & TECH HIGH SCHOOL

METROPOLITAN ARTS & TECHNOLOGY ACADEMIC REFERENCE:

This form is to be completed by two (2) adults from the student's current school. A separate form should be used for each person participating as a reference.

STUDENT NAME: _____

Academic Qualities

No opportunity to observe		Poor	Fair	Average	Good	Excellent	One of the Best Ever
	Study habits						
	Attention span						
	Ability to work independently						
	Ability to organize and communicate ideas						
	Motivation						
	Intellectual curiosity						
	Critical and abstract thinking skills						

Personal Qualities

No opportunity to observe		Poor	Fair	Average	Good	Excellent	One of the Best Ever
	Creativity						
	Self-confidence						
	Leadership potential						
	Reaction to criticism						
	Reaction to setbacks						
	Concern for others						
	Personal conduct						
	Personal integrity						
	Ability to act independently						
	Ability to act cooperatively						
	General level of maturity						
	Sense of humor						

I recommend this student:

	Not at all	With reservation	Mildly	With Confidence	Enthusiastically
Academic Ability and Promise					
Character & Personal Promise					
Overall					

NAME: _____ POSITION: _____
 SCHOOL: _____ SCHOOL PHONE: _____
 SCHOOL ADDRESS: _____
 SIGNATURE: _____ DATE: _____

Please submit this recommendation to Metro at the address below, or return it to the applicant in a sealed, signed envelope.