



RECOMMENDATION

1. INSTRUCTIONS FOR THE STUDENT

This recommendation form should be completed by a teacher, counselor, or professional who knows you well. Please do not ask a relative or personal friend for a recommendation.

Once you have decided who will write your recommendation, please complete lines 1-a and 1-b below, and then give this form to the person whom you have selected. He or she should return the completed form directly to Beacon College.

1a. Student _____

First

Middle

Last

1b. Person Writing Recommendation _____

2. INSTRUCTIONS FOR THE BEACON RECOMMENDATION WRITER

The above-named student has applied to Beacon College's Summer for Success Program. One of the goals of this program is to expose students to strategies and skills that will allow them to become more effective and independent learners. Another goal is to immerse the student in a college experience.

Please complete the **STUDENT RECOMMENDATION** form. We ask you to candidly share your thoughts about this student's specific challenges, motivation, academic performance, honesty, ability to set realistic goals, interpersonal skills, sense of humor, and any other observations relevant to his/her performance. Because of the specialized nature of our program, any information that would help us to respond successfully to the student's learning needs is especially helpful. On a separate sheet, please include any additional comments you think might assist us in evaluating this student's application.

Confidentiality Policy

Your effort to realistically assess the potential of this candidate is greatly appreciated. This form and any additional comments/recommendation you provide will be used for admission and advisement purposes by Beacon College for its Summer for Success Program.

Recommender's Signature _____ Date _____

Recommender's Title _____

Relationship to Student _____ Years Acquainted with Student _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Email Address _____

STUDENT RECOMMENDATION

Based on your relationship with and knowledge of the applicant, please provide a candid assessment of his/her characteristics in the following areas:

	Not Challenged	Moderately Challenged	Very Challenged	No Basis for Judgment
Developing and sustaining friendships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coping with conflict	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating in group activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completing homework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conversing with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking notes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comprehending reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-advocating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Socializing skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Studying habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sustaining focus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I recommend this student for studies at Beacon College's Summer for Success Program

Enthusiastically With reservation Do not recommend

Please provide additional comments that might assist us in evaluating this student's attitude, motivation, and potential to succeed in Beacon College's Summer for Success Program.

Recommender's Signature _____ Date _____

Please send this form and any additional comments you would like to provide to:

Mail: Beacon's Summer for Success Program, Office of Admissions, Beacon College, 105 East Main Street, Leesburg, FL 34748

Fax: 352-787-0796

Beacon College Office of Admissions

855-220-5376

admissions@beaconcollege.edu