



Return completed forms to:
 Beacon College
 105 East Main Street
 Leesburg, Florida 34748
www.beaconcollege.edu/summer
summerprogram@beaconcollege.edu

Summer Program Recommendation Form

1. Student Instructions

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 the lines below and then give this form to the person whom you have selected. He or she should then return the completed form directly to Beacon College.

Student Name: _____

Name of Person Writing Recommendation: _____

2. Instructions for the 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.

As you complete the 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 Title

 Relationship to Student

 School or Organization (if applicable)

 Years Acquainted with Student

 Mailing Address

 Email Address

 City State Zipcode

(____)____ -____ (____)____ -____
 Phone 1 Phone 2

3. 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 Judgement
Developing and sustaining friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coping with conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completing homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conversing with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehending reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-advocating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socializing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Studying habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sustaining focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- Enthusiastically With reservations 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.

Signature of Person Writing Recommendation

Date