



Principal/Counselor Recommendation Form

PLEASE PRINT

PARENT PERMISSION

Applicant's Name _____

Public School District of Residence _____

PARENT PERMISSION: My signature grants permission for my child's current school to share this information with the Early College of Macomb.

Parent / Legal Guardian (please print) _____

Signature _____

PRINCIPAL/COUNSELOR RECOMMENDATION: District: _____

Name: _____ School: _____

How long have you known the applicant? _____

Is the student's current level of performance a true reflection of his/her ability? Yes ___ No ___ Explain on back: _____

Does student have a Special Needs plan on file: Yes ___ No ___ IEP ___ 504 ___ ELPS ___ Other ___ (Please specify): _____

Please provide Attendance, Behavior and Grade data from your student database system.

Number of Absences and Tardies (May attach attend. report) year-to-date	Hourly Class Absences	Hourly Class Tardies		If excessive, note reasons in comments
Number of Behavior Referrals year-to-date	Serious: e.g., suspension	Minor: e.g., detention		Warnings
Current Grades current semester-to-date	English	Math	Social Studies	Science
				If needed, explain grades in comments

In comparison with other students in the candidate's grade/age group, please check the most appropriate box for the listed categories (Counselor may wish to consult with a teacher of this student to complete this portion):

Quality	Unable to Judge	Below Average	Average Top 50%	Very Good Top 10%	Outstanding Top 1%
Motivation, Initiative					
Creativity					
Self-confidence					
Enthusiasm					
Work Habits					
Perseverance/Self-discipline					
Curiosity					

Principal / Counselor Signature _____

Date _____

Additional Comments: _____

PRINCIPAL/COUNSELOR RECOMMENDATION

Principal/Counselor: Return completed form with student application packet to the Macomb Intermediate School District

Early College of Macomb, 44001 Garfield, Clinton Township, MI 48038-1100 by **February 10, 2020.**