

(CONT'D)	EXCELLENT	GOOD	AVERAGE	BELOW	POOR	NOT APPLICABLE
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relation to peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relation to adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL COMMENTS

If you have evaluated the applicant as “Below Average” or “Poor” in any area, please comment. If you have had the opportunity to observe the applicant outside of the classroom and care to add any comments, please use this section.

If you wish to discuss this student personally, please check here.

OVERALL RECOMMENDATION

HOW DO YOU RECOMMEND THIS STUDENT?

As a student Without reservation Strongly With reservation Do not recommend
 As a person Without reservation Strongly With reservation Do not recommend

NAME (PLEASE PRINT) _____ TITLE _____

SCHOOL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

E-MAIL _____ PHONE _____

SIGNATURE _____ DATE _____

PLEASE SUBMIT COMPLETED APPLICATION MATERIALS TO:

Office of Admission

YORKTOWN EDUCATION
 5170 Village Creek Drive

Plano, TX 75093
972.733.0800

YorktownEd.com