



**COUNCIL BLUFFS SCHOOLS & IOWA WESTERN COMMUNITY COLLEGE
EARLY COLLEGE ACADEMY RECOMMENDATION FORM**

Applicant Name _____

School _____ Date _____

Name of Reference _____ Title _____

How long have you known this student and in what context?

How would you rate this student compared to other college-bound students, using the following scale:
(5=extraordinary, 4=excellent, 3=good, 2=average, 1=below average)

Work Study Habits 5 4 3 2 1 N/A

Comments: _____

Academic Potential 5 4 3 2 1 N/A

Comments: _____

Growth Potential 5 4 3 2 1 N/A

Comments: _____

Teamwork Skills 5 4 3 2 1 N/A

Comments: _____

Maturity 5 4 3 2 1 N/A

Comments: _____

Motivation 5 4 3 2 1 N/A

Comments: _____

Leadership Ability 5 4 3 2 1 N/A

Comments: _____

Self-Discipline 5 4 3 2 1 N/A

Comments: _____

Additional Comments about the student:

Please return completed reference form in a sealed envelope to: **School Counselor at Abraham Lincoln or Thomas Jefferson High Schools.**