



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

Applicant Name \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_

Name of Reference \_\_\_\_\_ Title \_\_\_\_\_

How long have you know 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. A letter may be submitted instead of/or in addition to this form.**