



Recommendation Form

Student Information:

Current School: _____
School Counselor: _____
Last Name: _____ First Name _____

Teacher/Administrator: This student is applying for admission to Little Chute Career Pathways Academy. Please complete the form below and return no later than February 17, 2017 to Little Chute Career Pathways Academy, 325 Meulemans Street, Suite A, Little Chute, WI 54140, Attn: Shawn Volk. Or fax to Shawn Volk at (920)788-7841.

Please check one rating for each item below:

	Excellent	Good	Fair	Poor
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

1. Academic Performance: _____

2. Character: _____

3. Other: _____

Signature of Subject Area Teacher or Administrator	Subject Area	Date
--	--------------	------

