



### High School Academy Recommendation Form

Name of Student \_\_\_\_\_ Date: \_\_\_\_\_

The student named above is interested in being considered for admission into the Post University High School Academy Program. Your impressions of this student are important to help us determine if the student will be a good fit for the Program. Thank-you for taking the time to give us your feedback.

Student's Skills and Qualities	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
This student is motivated to excel academically and generally meets or exceeds expectations for excellence.					
This student is reliable and can be depended upon when given tasks or activities to complete.					
This student communicates effectively and appropriately at all times with peers, faculty, and other staff.					
This student collaborates and works well with others when given opportunities to do group activities.					
This student demonstrates positive involvement within the high school.					
This student consistently exhibits leadership skills in a variety of ways.					

Please provide a brief note below that will help us better know and support this student:

---



---



---



---

Name of School \_\_\_\_\_

\_\_\_\_\_  
Counselor Name Printed

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Counselor Email and Phone Number

If you would like to further discuss this student's qualifications, please contact Main Campus Admissions at 203-596-4689 or [highschoolacademy@post.edu](mailto:highschoolacademy@post.edu)

**Please return this form to [highschoolacademy@post.edu](mailto:highschoolacademy@post.edu)**