

Focus Indiana Recommendation Form

This needs to be completed and signed by a faculty or staff member. Please place in a sign sealed envelope for submission. Please assess the student fairly and impartially. Thank you for your help!

Applicant's Name: _____

How long have you known the applicant: _____

In what capacity have you known the applicant: _____

Additional comments: _____

Please rate the student in the categories listed using the following key:

4 = Outstanding 3 = Good 2 = Average 1 = Below Average X = Not Observed

___ Academic Performance

___ Regular Attendance

___ Participation/Dependability

___ Quality of Speaking Skills

___ Quality of Writing Skills

___ Initiative/Effort

___ Problem Solving Skills

___ Works Well With Others

___ Completes Assignments on Time

___ Creativity/Resourcefulness

___ Dependability

___ Demonstrates Leadership Skills

Recommender's Name (please print) _____

Department _____ Phone _____

Title _____ Email address _____

Signature _____

Date _____