

Student Application – 2010-11 School Year
Cleveland School of the Arts, 10700 Churchill - Cleveland, Ohio 44106

The primary goal of the Cleveland Metropolitan School District is to become a premier school district in the United States of America/”

Principal or Guidance Counselor Recommendation

Student’s Name _____

Current Grade Level _____

The items below ask for your sense of this student’s emotional and social growth, intellectual development and relationships within the school community. All of the information that you furnish will be kept confidential. Please check one box for each section listed below.

- | | | | |
|-----------------------------|--|--|--|
| Academic Achievement | <input type="checkbox"/> Far above expectations
<input type="checkbox"/> Below expectations | <input type="checkbox"/> Better than expected
<input type="checkbox"/> No basis for judgment | <input type="checkbox"/> As expected |
| Self-Motivation | <input type="checkbox"/> Well-motivated
<input type="checkbox"/> Does little | <input type="checkbox"/> Some desire to learn
<input type="checkbox"/> No basis for judgment | <input type="checkbox"/> Only what is required |
| Effort | <input type="checkbox"/> Excellent
<input type="checkbox"/> Poor | <input type="checkbox"/> Good
<input type="checkbox"/> No basis for judgment | <input type="checkbox"/> Fair |
| Follows Directions | <input type="checkbox"/> Always
<input type="checkbox"/> Rarely | <input type="checkbox"/> Frequently
<input type="checkbox"/> No basis for judgment | <input type="checkbox"/> Sometimes |
| Ability to work with others | <input type="checkbox"/> Excellent
<input type="checkbox"/> Poor | <input type="checkbox"/> Good
<input type="checkbox"/> No basis for judgment | <input type="checkbox"/> Limited |
| Ability to work alone | <input type="checkbox"/> Does well
<input type="checkbox"/> Needs supervision | <input type="checkbox"/> Needs help occasionally
<input type="checkbox"/> No basis for judgment | <input type="checkbox"/> Needs help frequently |
| Content knowledge | <input type="checkbox"/> Excellent
<input type="checkbox"/> Poor | <input type="checkbox"/> Good
<input type="checkbox"/> No basis for judgment | <input type="checkbox"/> Fair |
| Organizational skills | <input type="checkbox"/> Excellent
<input type="checkbox"/> Poor | <input type="checkbox"/> Good
<input type="checkbox"/> No basis for judgment | <input type="checkbox"/> Fair |
| Study Skills | <input type="checkbox"/> Excellent
<input type="checkbox"/> Poor | <input type="checkbox"/> Good
<input type="checkbox"/> No basis for judgment | <input type="checkbox"/> Fair |
| Problem Solving | <input type="checkbox"/> Very familiar
<input type="checkbox"/> Limited | <input type="checkbox"/> Familiar
<input type="checkbox"/> No basis for judgment | <input type="checkbox"/> Needs help |

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Principal or Guidance Counselor Recommendation

Completes Assignments	<input type="checkbox"/> On time <input type="checkbox"/> Hardly ever	<input type="checkbox"/> Late <input type="checkbox"/> No basis for judgment	<input type="checkbox"/> Sometimes
General Behavior	<input type="checkbox"/> Outstanding <input type="checkbox"/> Limited	<input type="checkbox"/> Good <input type="checkbox"/> No basis for judgment	<input type="checkbox"/> Fair
Uses suggestions	<input type="checkbox"/> Always <input type="checkbox"/> Rarely	<input type="checkbox"/> Usually <input type="checkbox"/> No basis for judgment	<input type="checkbox"/> Sometimes

I recommend this student in terms of both academic ability and character.

<input type="checkbox"/> Enthusiastically	<input type="checkbox"/> Strongly
<input type="checkbox"/> With mild enthusiasm	<input type="checkbox"/> Without enthusiasm

Please explain:

Name _____

Length of time acquainted with student _____

Name of school _____

Address _____

City _____ State _____ Zip _____

May we contact you for further information? Yes No If yes, phone number _____

Signed _____

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Teacher Recommendation

Student’s Name _____

Current Grade Level _____

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- | | | | |
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| Academic Achievement | <input type="checkbox"/> Far above expectations
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<input type="checkbox"/> No basis for judgment | <input type="checkbox"/> As expected |
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<input type="checkbox"/> Does little | <input type="checkbox"/> Some desire to learn
<input type="checkbox"/> No basis for judgment | <input type="checkbox"/> Only what is required |
| Effort | <input type="checkbox"/> Excellent
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<input type="checkbox"/> No basis for judgment | <input type="checkbox"/> Fair |
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<input type="checkbox"/> No basis for judgment | <input type="checkbox"/> Needs help frequently |
| Content knowledge | <input type="checkbox"/> Excellent
<input type="checkbox"/> Poor | <input type="checkbox"/> Good
<input type="checkbox"/> No basis for judgment | <input type="checkbox"/> Fair |
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<input type="checkbox"/> No basis for judgment | <input type="checkbox"/> Fair |
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Teacher Recommendation

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General Behavior	<input type="checkbox"/> Outstanding <input type="checkbox"/> Limited	<input type="checkbox"/> Good <input type="checkbox"/> No basis for judgment	<input type="checkbox"/> Fair
Uses suggestions	<input type="checkbox"/> Always <input type="checkbox"/> Rarely	<input type="checkbox"/> Usually <input type="checkbox"/> No basis for judgment	<input type="checkbox"/> Sometimes

I recommend this student in terms of both academic ability and character.

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Please explain:

Name _____

Length of time acquainted with student _____

Name of school _____

Address _____

City _____ State _____ Zip _____

May we contact you for further information? Yes No If yes, phone number _____

Signed _____