

CONFIDENTIAL
•Student Recommendation Form•
(GEAR-UP Students only)

TO BE COMPLETED BY STUDENT:

Name of student: _____

School: _____ Current grade student is in: _____

TO BE COMPLETED BY REFERENCE: *We value your professional opinion in our assessment of this student. Please return this recommendation to the student in a sealed envelope with your signature across the sealed flap. Please complete it in a timely manner as the student's application is not complete without it. Thank you for taking time to fill out this form.*

Date: _____ Name of reference: _____

Mailing Address: _____

Home phone: _____ Work Phone: _____

Email: _____

1. How long have you known this student?

2. In what capacity have you known this student?

_____ Classroom Teacher _____ School Counselor _____ Principal

3. Tell us any special attributes this student has that need to be taken into consideration.

4. How can this student benefit from the **OREGON OUTDOOR ADVENTURE** Program?

5. Are there any behavioral characteristics (e.g., self discipline, respect for rules and people in authority) that we should know about that would help us better serve this student?

6. Do you have any additional concerns you would like us to address with you by phone?

___Yes ___No