

Counselor and Principal Recommendation Form

Instructions: This form is to be completed by school counselors or principals. Please verify that the Student Information Section is complete; if it is not, ask the student to provide the missing information. Please complete the counselor or principal information section and return this form to the counselor to upload into the student application portal, along with other supporting documents.

For questions related to this recommendation form, please contact Kalecia.Baity1@dc.gov.

Student Information Section (to be completed by student)

Student Name _____
 Address _____
 City _____ State _____ ZIP Code _____
 Email _____ Phone _____

Counselor or Principal Information Section (to be completed by counselor or principal)

High School Name _____
 Address _____
 City _____ State _____ ZIP Code _____
 Phone _____ Fax _____
 Counselor/Principal Name _____
 Title _____
 Email _____

Student Rank: ____/____ Student Cumulative GPA: ____/____ as of _____ (XX/XXXX)

Type and number of courses offered at your school: AP _____ IB _____ Honors _____

Maximum number a student make take in a given year, if limited: AP _____ IB _____ Honors _____

Please rate your student compared to other students in his/her class by adding an "X":

	Not Applicable	Below Average	Average	Above Average	Exceptional (Top 10%)	One of the top few I've encountered in my career
Academic Achievement						
Maturity						
Extracurricular Accomplishments						
Personal Qualities and Character						

Problem Solving Ability						
Teamwork and Collaboration						

Please expand on your student's strengths and weakness.

Additional comments (information will be used to help us differentiate this student from others):

Counselor or Principal Name (Please Print) _____

Counselor or Principal Signature _____ Date _____