

Principal / Counselor Recommendation Form

Parent Permission

Applicant's Name _____

Public School District of Residence _____

Incoming Grade _____

TO THE PARENT/LEGAL GUARDIAN: My signature grants permission for my child's current school to share this information with the International Academy of Macomb.

Parent / Legal Guardian (please print) _____

Signature _____

Principal/Counselor Recommendation

PRINCIPAL / COUNSELOR NAME: _____

District: _____ School: _____

How long have you known the applicant? _____

Does current performance indicate the capacity for success at IAM? _____

Do you have any concerns regarding the applicant? Please explain: _____

In comparison with other students in the candidate's grade / age group, please check the most appropriate box for the categories listed:

	Below average ←————→ Outstanding				
	No basis for judgment	1	2	3	4
Intellectual Ability					
Academic Potential					
Curiosity					
Motivation for Learning					
Work Habits					
Perseverance / Self Discipline					
Enthusiasm for Learning					
Co-Curricular Participation					

Principal / Counselor Signature _____

Date _____

Additional Comments: _____

Principal/Counselor: Return completed form to IA Macomb by February 4, 2011.