

SCHOOL RECOMMENDATION FORM

Student's Name: _____
 (Last) (First) (Middle)

High School: _____

1. **Formal Test Data.** Give names of tests, dates administered, and appropriate standard score and percentile scores. Please provide as much data as possible. Include sub-test scores for areas of application. Test data should not be more than two years old and should be verified.

			COMPOSITE		SUB-SCORE		
TEST	NAME	DATE	Standard Score	Natl. %ile	Standard Score	National %ile	
Mental Ability: Group							
Mental Ability: Individual							
SAT	N/A				Verbal		
					Math		
					Writing		
PSAT/NMSQT	N/A				Verbal		
					Math		
					Writing		
ACT test scores and sub-scores					Math		
					Science		
					STEM		
					English		
					Reading		
					Writing		
Creativity:					N/A		
						Plan	Other
Achievement Group: (please identify) <ul style="list-style-type: none"> Plan Other academic test 	<ul style="list-style-type: none"> _____ _____ 				Reading		
					Math		
					Soc. Sci.		
					Nat. Sci.		
					Lang. Arts		
Other							

2. Student Evaluation. (To be completed by a faculty member, counselor, and/or administrator. Solicit input from others familiar with specific aspects of the student's abilities and interests, if necessary.)

Please note: A student who is not successful in a regular school environment is unlikely to be successful at AGS. Submit nominations only if students are willing and able to attend and participate fully in the entire school.

Please check the appropriate box, using this scale: 1 indicates a low demonstrated ability; 5 a high demonstrated ability.

1 (Low ability)	2	3	4	5 (High ability)
Nominee has the ability and desire to cope successfully with advanced concepts, materials, and activities.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nominee has a positive attitude about exploring new and different concepts and areas of study, including those in which he or she may not be proficient.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nominee shows maturity and consideration for others.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nominee has demonstrated the ability to meet or exceed expectations of behavior.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nominee can participate fully in a demanding schedule of activities and classes.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nominee can use self-directed time wisely.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nominee is likely to participate fully in interdisciplinary experiences, including student-created presentations.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nominee is likely to participate actively in and complete the entire four-week program.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of person completing this form: _____

Relationship to student: _____

3. Additional Information: (To be completed by a faculty member, counselor, and/or administrator. Solicit input from others familiar with specific aspects of the student's abilities and interests, if necessary.)
- In order for the selection committee to be able to make a more informed decision and since students are often hard to categorize, this section is for information which may not have been presented in other parts of the application. Completion of this section may require the help of individuals who have extensive knowledge of the student, his or her talents, ambitions, curricular or social needs, future plans, family situation, other needs, etc. Other people could be contacted in order to provide a summary of relevant information about the student. Include any unusual circumstances in this nominee's life that create a particular need for consideration. Limit remarks to available space.

Name of person completing this form: _____

Relationship to student: _____

4. Attest: We have discussed pertinent information in this application with this student and agree that he/she is interested in participating in the Arkansas Governor's School. To the best of our knowledge the student completed the student application independently.

School District: _____

Signature: _____

☐ Superintendent

☐ Headmaster

☐ Principal

☐ Parent (if homeschooled)

School personnel to contact with questions about this student's application:

Name: _____

Position: _____ Phone Number: _____

School personnel who viewed student's recorded audition: Each audition must be previewed by a school official to verify clarity and appropriateness of material.

Name: _____

Position: _____

Be sure to upload a readable copy of this student's transcript to the online application site. The transcript must show fifth semester grades and sixth semester courses.