



# COLLEGE FOR KIDS

## RECOMMENDATION FORM

Staff Only:	
Date Received/Initial:	_____
Date Reviewed/Initial:	_____
_____ Approved	_____ Not Approved
Date Parent Contacted:	_____

This form is for students interested in participating in a Y.E.S. Academy College for Kids course, but may not meet the criteria of being identified as GATE, or do not have a 2.8 or B average. This form should be completed by an adult (non-parent) who knows the student well (i.e. teacher, coach, etc.) and submitted via e-mail to [SWCYESAcademy@swccd.edu](mailto:SWCYESAcademy@swccd.edu) or in-person to the Continuing Education Office (900 Otay Lakes Road, Chula Vista, CA 91910, Bldg. 59A-101). Y.E.S. Academy staff will review the form, and follow-up with the student's parent/guardian to confirm acceptance and approval prior to registering.

***This section to be completed by parent/guardian prior to giving to recommender:***

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Recommender's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

***DOES THE STUDENT...*** (Check the column that applies)      Always      Usually      Sometimes      Never      Comments

<i>DOES THE STUDENT...</i>	Always	Usually	Sometimes	Never	Comments
Show excitement and enthusiasm for learning?					
Show a high level of self-motivation?					
Take initiative for his/her own learning?					
Grasp new or different concepts easily?					
Demonstrate creativity and original thought?					
Exhibit leadership qualities around others?					
Show respect towards adults and peers?					
Follow rules and direction?					

How well do you know the student? (Circle One)      Very well      Somewhat      Slightly

Please provide a response, which highlights why you think the student will thrive in the program:

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Recommender's Signature: \_\_\_\_\_ Date: \_\_\_\_\_