



Recommendation #2

Landmark College Summer Program

Today's Date _____
Month/Day/Year

1. INSTRUCTIONS FOR THE STUDENT

This recommendation form should be completed by a teacher, counselor, or professional who knows you well. Please do not ask a relative or personal friend for a recommendation. Once you have decided who will write your recommendation, please complete lines A and B below, and then give this form to the person whom you have selected. The recommender should return the completed form directly to Landmark College.

A. Student _____
First Middle Last

B. Person Writing Recommendation _____

2. INSTRUCTIONS FOR THE RECOMMENDATION WRITER

The above-named student has applied to a Landmark College Summer Program. One of the goals of this program is to expose students to strategies and skills that would allow them to be more effective and independent learners.

Please complete in full the reverse side of this form. We ask you to candidly share your thoughts about this student's specific challenges, motivation, academic performance, honesty, ability to set realistic goals, interpersonal skills, sense of humor, and any other observations relevant to their performance. Because of the specialized nature of our program, any information that would help us to respond successfully to the student's learning needs is especially helpful. Please include any additional comments you think might assist us in evaluating this student's application.

Confidentiality Policy

Your effort to realistically assess the potential of this candidate is greatly appreciated. This form and any additional comments/recommendations you provide will be used for admission and advisement purposes by Landmark College for its Summer Program.

Recommender's Signature _____ Date _____

Recommender's Title _____

Relationship to Student _____ Years Acquainted with Student _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ – _____ Email Address _____

STUDENT RECOMMENDATION

Please rate how much of a challenge each of the following is with regard to this student's overall achievement:

	Not a Challenge	Slight Challenge	Moderate Challenge	Major Challenge	No Basis for Judgment
Building and maintaining friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Note taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sustained attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend this student for studies at a Landmark College Summer Program

Enthusiastically With reservation Do not recommend

Please provide additional comments that might assist us in evaluating this student's attitude, motivation, and potential to succeed in a Landmark College Summer Program _____

Recommender's Signature _____ Date _____

Please mail completed form to:

Landmark College Summer Programs, Office of Admissions, Landmark College, 19 River Road South, Putney, VT 05346-8517