

# Horizon Christian School

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## INTERNATIONAL STUDENT PROGRAM

### NON-FAMILY RECOMMENDATION FORM

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STUDENT NAME (print first, middle, last)

The above student has made application for admission to Horizon Christian School in Hood River, Oregon, USA. Please rate this student on the following scale.

	POOR	FAIR	GOOD	EXCELLENT
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<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"/>
Self Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity (for age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect from Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect from Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE STUDENT? \_\_\_\_\_

WHAT CAPACITY DO YOU KNOW THIS STUDENT? \_\_\_\_\_

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SIGNATURE \_\_\_\_\_ NAME (PRINTED) \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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ORGANIZATION/BUSINESS \_\_\_\_\_ CITY & COUNTRY \_\_\_\_\_ TELEPHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_