



Junior Counselor Recommendation Form

ACADEMY Junior Counselors need one recommendation form from a teacher or school administrator.

NEW Junior Counselors who are applying to ACADEMY for the first time will need a second recommendation which can be from an adult non-family member who has an educational relationship with the student (i.e. another teacher, 4H leader, Scout leader, Coach, Pastor, Music Instructor, etc.)

Recommendation should be kept CONFIDENTIAL. Do not return this document unsealed through a parent or student. The application deadline is May 1, 2026.

Please complete it in a timely manner, as the student's application is not complete without it. Thank you for taking time to fill out this form.

Name of Student: _____

School: _____

Grade: 11th Grade 12th Grade

Name of Recommender: _____

Home phone: _____ Work Phone: _____ Email: _____

In what capacity have you known this student?

____ Teacher ____ Community Leader ____ Other, please specify: _____

How long have you known this student? _____

1. Academy Junior Counselors have the opportunity to develop leadership skills, act as role models and supervise younger students, and serve as a teaching assistant in the class of their choice. Why do you believe this student would benefit from such a program?
2. How does this student relate to other students in your classroom or school? Please describe your observations of the student's leadership potential.
3. How does this student work in a classroom setting?

4. Please indicate which of the following apply to the applicant. In addition to being highly motivated or identified as talented and gifted, we look for characteristics in the following areas. Please explain in the text box below.

YES

NO

Measured intelligence above average

Proven leadership ability

Special talents

Exceptional ability in the visual and/or performing arts

Unusual creative or productive thinking ability

5. Are there any behavioral characteristics (e.g., self-discipline, respect for rules and people in authority) that we should know about that would help us better serve this student?

Do you have any additional concerns you would like us to address with you by phone?

Yes

No

Thank you for taking the time to complete this recommendation form.
We value your professional opinion in the assessment of this student.

Please return form via:

By mail: SOU Youth Programs
Attn: ACADEMY
1250 Siskiyou Blvd.,
Ashland, OR 97520

or

Email: youthprograms@sou.edu

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