



Student Recommendation Form

Name of student: _____

School: _____ Grade: 7th 8th 9th

Recommendation should be in a sealed envelope with your signature across the sealed flap. 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.

Date: _____ Name of reference: _____

Home phone: _____ Work Phone: _____ Email _____

1. How long have you known this student? _____

2. In what capacity have you known this student?
Teacher Community Leader Other, please specify: _____

3. **Descriptors:** **Superior** **Good** **Adequate** **Weak** **N/A**

Ability to work with others					
Leadership					
Seriousness of purpose					
Initiative					
Persistence					
Creativity					
Academic Performance					
Bilingual Skills					
Communication Skills					

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

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