

Student's Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

**COUNSELOR RECOMMENDATION**

*Mat-Su Middle College School (MSMCS) is an academic program intended to allow students to take college courses at the University of Alaska Anchorage on the Mat-Su College campus. College-ready students are enrolled in college courses with adult college students; in addition, high school classes are taught on campus. MSMCS students must demonstrate the ability to make mature, independent, and responsible choices to succeed in college.*

**School Personnel:** Please return your recommendation to the student, along with a transcript, in a sealed envelope with your name written across the back flap of the envelope after it has been sealed. Recommendations not received in a sealed envelope with signature on the flap will not be accepted. Thank you in advance for your time.

Counselor's Name (Print) \_\_\_\_\_ School \_\_\_\_\_

- Is the student self-motivated to attend MSMCS and produce high quality work? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Is the student ready to concurrently perform well in high school AND college classes? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Is the student an English Language Learner (ELL) student? ELL Level \_\_\_\_\_ \_\_\_\_\_ Yes \_\_\_\_\_ No
- Does the student have a current IEP? Designation: 504 \_\_\_\_\_ Speech \_\_\_\_\_ \_\_\_\_\_ Yes \_\_\_\_\_ No
- On a scale of 1 to 5, with 1 being never and 5 being always, please rate the following:
  - Student demonstrates ability to make mature choices  
1 2 3 4 5
  - Student demonstrates ability to make independent choices  
1 2 3 4 5
  - Student demonstrates ability to be self-motivated  
1 2 3 4 5
  - Student demonstrates desire to make education a priority over social and recreational interests  
1 2 3 4 5

Students who attend MSMCS need to have demonstrated responsible and respectful behavior on a high school campus. Please check any discipline issues that apply to the student and *attach a discipline report*

<input type="checkbox"/>	Excessive absences-# in current year	<input type="checkbox"/>	Defiance
<input type="checkbox"/>	Excessive tardies-# in current year	<input type="checkbox"/>	Disruptive at school functions
<input type="checkbox"/>	Clothing infractions	<input type="checkbox"/>	Disruptive in classrooms
<input type="checkbox"/>	Other	<input type="checkbox"/>	

Please comment on any above checked behaviors:

\_\_\_\_\_

\_\_\_\_\_

Has the student previously been expelled and/or suspended from a district high school? \_\_\_\_\_ If yes, why and when?

\_\_\_\_\_

Any other comments or you would like to share that may help in our decision making process.

\_\_\_\_\_

Based on your experience with the student, select one of the following recommendations:

- ( ) Highest Recommendation (I have no academic or behavior reservations about the student).
- ( ) Recommendation (I am fairly confident the student will be successful).
- ( ) Recommendation with Reservation (I have concerns that the student lacks the academic skills, behavior, attitude or other qualities necessary for success).
- ( ) Do not Recommend (I do not believe the student is ready for this experience).

COUNSELOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_