

900 W Camp Wisdom Rd., Duncanville, TX 75116 (972) 708-3700 | FAX (972) 708-3737 Pamela Thomas, Principal

## **Reference for Potential Student**

The below student is requesting a reference as part of the application process for Duncanville High School Collegiate Academy. Please complete the information requested to the best of your ability. Place the completed form in an envelope and seal the envelope. Then write your name across the seal **before** returning it to the applicant.

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tudent Name: How long have you known the applicant?			
Please rate the student on the fo	llowing personal characteristic	es:	
Characteristics	1 - Needs Improvement	2 - Meets Expectations	3 - Exceeds Expectations
Communication Skills	1	2	3
Attitude	1	2	3
Quality of Work Submitted	1	2	3
Work Ethic	1	2	3
Group Work Cooperation/Collaboration	1	2	3
Responsibility	1	2	3
Leadership	1	2	3
Your <b>OVERALL</b> recommendate I recommend the application	tion for admission: n for admission. Please comm	ent:	
I recommend the application for admission <u>with reservation</u> . Please comment:			
I do not recommend the application for admission. Please comment:			
Person Completing Form (Please Print):			Date:

Signature of Person Completing Form:

Subject Area: