**Adult Recommendation Form**

*This section should be completed in confidence by any adult involved in the student’s life (e.g., teacher, counselor, social worker, mentor, pastor, attorney).*

|  |  |
| --- | --- |
| Student’s Name | Date of Birth: |

**To the Recommender:**

Thank you for taking the time to provide your confidential insight and thoughts regarding this student who is applying for the First Star Kent State Academy. The Academy is an intense, highly supportive and personalized college access program designed to provide youth in foster care with the academic support, encouragement and enrichment needed to assist them in becoming competitive college applicants. Your insight will help us ensure the program is the right fit for your student.

**Once you have completed the recommendation please email** **your recommendation directly to Danielle Green-Welch at** [**danielle.green-welch@firststar.org**](mailto:danielle.green-welch@firststar.org)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RECOMMENDER’S INFORMATION** | | | | |
| Name: | | Phone #:  E-mail: | | |
| School/Organization: | | Title: | | |
| Relationship to student: | | How long have you known the student? | | |
| **I recommend this student for the First Star Academy:** | | | | |
|  | Do not  recommend | | Recommend with reservations | Enthusiastically  recommend |
| Academic potential |  | |  |  |
| Character and maturity |  | |  |  |
| Ability to work well with others |  | |  |  |
| **Overall recommendation** |  | |  |  |

**Please answer the following questions (attach extra pages if necessary):**

Why do you believe this student is a good candidate for the First Star Academy? What behavior has this student demonstrated to you that show he/she will benefit from this opportunity.