



High School Partnership Program New Applicant Recommendation Form

To the applicant: After completing the information below, please give this form to your high school counselor/teacher.

Student's Name: _____
(Last) (First) (Middle Initial)

Student's Address: _____
(Number & Street)

(City) (State) (Zip Code)

High School: _____

To the counselor/teacher: Please complete the form and return it to Enrollment Services, Capital Community College, 950 Main Street Room 207, Hartford CT 06103.

In comparison to other college-preparatory students at your school, the applicant's course selection is

most demanding demanding average less demanding than average

Compared with other college-bound students with whom you have experience, please indicate your perception of the applicant's attributes by circling the appropriate number in the range indicated below.

	<i>Very unsatisfactory</i>					<i>Excellent</i>				<i>Not Observed</i>
Academic preparation	1	2	3	4	5	6	7	8	9	0
Work ethic	1	2	3	4	5	6	7	8	9	0
Initiative	1	2	3	4	5	6	7	8	9	0
Leadership	1	2	3	4	5	6	7	8	9	0
Concern for others	1	2	3	4	5	6	7	8	9	0
Social maturity	1	2	3	4	5	6	7	8	9	0
Respect for others	1	2	3	4	5	6	7	8	9	0
Acceptance of diversity	1	2	3	4	5	6	7	8	9	0
Integrity	1	2	3	4	5	6	7	8	9	0
Service to others	1	2	3	4	5	6	7	8	9	0

Briefly explain why you think this student has the potential to be a successful HSPP student. (You may attach an additional sheet or use the back of this form if necessary.)

(Print Counselor/Teacher Name)

(Position/Title)

(Signature of Counselor/Teacher)

(Date)