

Faribault LIFE (Learning It From Experience) Long Learning

STUDENT RECOMMENDATION FORM	
	additional pathway to complete a high school education. This I College for classes to work towards both a high school a of study at South Central.
STUDENT NAME:	STUDENT CURRENT GRADE:
SCHOOL:	STUDENT PHONE #:
DEGREE/PATHWAY OF INTEREST:	
	form to the student with their name on it – it must be returned
Skill Assessment	
goals. Please complete the following assessmen	n determining the success of a person in pursuit of their ent about the student listed above. Please indicate the
PERSON COMLPLETING THE FORM:	
Relationship to the student: PARENT / GUARI	DIAN / TEACHER / Other:
Skills	
Please rate yourself on each of the skills on this	s scale:
5: Very much like student	
4: Like student	
3: Somewhat like student	
2: Unlike student1: Very much unlike student	
1. Very mach annice student	

	Score	Evidence or Comments
Zest		
Actively Participate		
Show Enthusiasm		
Invigorate Others		
Grit		
Finish Whatever I Start		
Try Hard Even After Experiencing Failure		
Work Independently With Focused		
Determination		

Curiosity	
Eager to Explore New Things	
Ask Questions to Deepen Understanding	
Actively Listen to Others	
•	
Social Intelligence	
Able to Find Solutions During Conflicts With Others	
Demonstrate Respect for feelings of	
Others	
Know When and How to Include Others	
Self-Efficacy	
Believe that effort will improve your	
future	
Get Over Frustration and Setbacks	
Quickly	
View Challenging Problems as Tasks to	
be Mastered	
Self Control	
Come to Class Prepared	
Pay Attention and Resists Distractions	
Calla Mad Bida A Bail Ti	
Get to Work Right Away Rather Than	
Procrastinating	
Procrastinating	wish to share about said student, your experiences, etc. that you feet in reviewing their application):
Procrastinating Comments (additional information you	r in reviewing their application):
Comments (additional information you is important for Faribault LIFE to consider I verify that I completed this recommendation Written Name:	r in reviewing their application):
Comments (additional information you is important for Faribault LIFE to consider I verify that I completed this recommendation Written Name:	ntion form to the best of my abilities. Date: