

CLAFLIN UNIVERSITY SUMMER ARTS INTENSIVE RECOMMENDATION FORM

Student's Full Name _____ Grade Level _____

The above named student is being considered for the *Clafin University Summer Arts Intensive*. School officials and/or teachers will use this form to assess the student's ability to successfully participate in the program. If you have questions or comments, please contact Ms. Annette Grevious at agrevious@clafin.edu or 803-535-5897. **Please sign, enclose, and seal, and return with completed application packet.**

Thank you in advance,
Annette Grevious, CUSAI Program Coordinator

Person completing form _____ Title _____

Relationship to Student _____ Years Known Student _____

Please rate the student on a scale of 1-5 for each item below. If you cannot provide a rating for one of the items, please use N/A.

5=Excellent 4=Very Good 3=Average 2=Below Average 1 = Poor

CATEGORY	RATING	COMMENTS
Ability to Follow Instructions		
Respectfulness		
Cooperation with Others		
Initiative		
Adaptability to New Situations		
Demonstrates excitement and interest in the arts		
Enthusiasm toward Artistic Instruction		
Creativity		
Attitude toward constructive criticism		
Overall Talent		
Academic Ability		
Leadership Potential		

Overall impression of student: (please circle one)

Highly recommend Recommend Recommend with Reservation Do not recommend

Additional Comments _____

Signature _____ Date _____