



Serving Latino Youth/Building Latino Leadership

STUDENT RECOMMENDATION FORM

Applicant: _____ **School:** _____ **Grade:** _____

The above named student has asked you to provide an assessment of his/her suitability as a participant in the AGUILA Youth Leadership Institute program for the current academic year. This program is highly selective and we seek students who have demonstrated qualities that will ensure their success in a rigorous program that will require active participation and dedication. Thank you for taking the time to provide this very important evaluation.

Please rate the applicant by checking the appropriate box.

Characteristics	Outstanding	Very Good	Good	Fair	Poor	Unable to Judge
INTELLECTUAL CAPACITY: Ability to ingest integrate and work with a large quantity of information.						
MOTIVATION: Genuineness and depth of commitment to her/his success.						
MATURITY: Personal development, ability to cope with life situations.						
INTERPERSONAL RELATIONS: Ability to get along with others, rapport, cooperation and attitude.						
EMPATHY: Sensitivity to the needs of others, consideration, tactfulness.						
EMOTIONAL STABILITY: Performance under pressure, mood stability, and constancy in ability to relate to others.						
ANALYTICAL SKILLS: Ability to problem solve, correlate and process information, and to think critically.						
JUDGMENT: Ability to evaluate a problem involving people, common sense and decisiveness.						
RESOURCEFULNESS: Ability to discover new resources and to manage new and already present resources skillfully.						
RELIABILTY: Dependability, sense of responsibility, promptness.						
LEADERSHIP: Ability and/or potential to initiate lead and/or supervise others.						
COMMUNICATION SKILLS (Overall):						
Verbal Skills: Clarity of expression						
Written Skills: Clarity and conciseness						
PERSEVERANCE: Stamina and endurance to focus.						
INTEGRITY: Honesty, trustworthiness.						
CREATIVITY: Ability to generate new and novel ideas or approaches to problems.						

Please check your overall evaluation of the applicant:

- | | | | |
|--------------------------|-----------------------|--------------------------|---------------------|
| <input type="checkbox"/> | Outstanding Candidate | <input type="checkbox"/> | Excellent Candidate |
| <input type="checkbox"/> | Very Good Candidate | <input type="checkbox"/> | Good Candidate |
| <input type="checkbox"/> | Fair Candidate | <input type="checkbox"/> | Poor Candidate |

In what capacity do you know the applicant?

Applicant's strengths as you see them:

Applicant's weaknesses as you see them:

Please provide any additional information that would be helpful in the decision to accept the applicant into the program. Feel free to add additional information on attached page(s).

Evaluator's Name

Signature

Position/Department

Phone Number

School/Business

Address

The sealed evaluation is to be given to the applicant for inclusion in the application packet. **Please note that the student will need to mail your form in with the application asap.** Thank you for taking the time to provide an important evaluation of this applicant. Please contact us if you have any questions – we are here to help this student SUCCEED!

AGUILA Youth Leadership Institute
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