



Baccalaureate School for Global Education

34-12 36th Avenue, Astoria, NY 11106

Phone 718-361-5275 Fax 718-361-5395 Website www.bsge.org



Kelly J. Johnson, Principal

Yvette E. Rivera, Assistant Principal

COUNSELOR RECOMMENDATION FORM				
Applicant's Name _____		Applicant's OSIS _____		
School Name & Number		School Address		
Counselor's Phone:	During the 2008/9 school year, indicate number of times above student was:	Test History	ELA (Indicate 1-4 or %)	Math (Indicate 1-4 or %)
504 Accommodations? Yes No	Late _____ Absent _____ Extenuating Circumstances ____ (Y/N) **Attach note	2007/2008		
		2006/2007		
IEP Services? Yes No	Lunch Category Free Reduced Full Pay	Counselor Name (Print)		
ELL Services? Yes No		Signature		
		Counselor E-mail		

Directions for Counselor

- This recommendation is designed to be confidential.** After completing this form, please return it to the student in a sealed envelope and sign the back.
- Please e-mail Timothy David-Lang, Guidance Counselor, at tdavid-lang@schools.nyc.gov with any questions.

Please rank the student in each of the categories using the number scale below:

4 Always, 3 Consistent, 2 Inconsistent, 1 Problematic

- ___ Works well in groups
- ___ Works well independently on multi-part projects
- ___ Assignments are turned-in on time
- ___ Remains engaged and on-task during class activities
- ___ Assignments reflect thoughtful effort and follow teacher guidelines
- ___ Demonstrates appropriate study and time management skills
- ___ Demonstrates appropriate organizational skills
- ___ Reads independently
- ___ Participates thoughtfully in intellectual discussion
- ___ Has good relationships with peers
- ___ Has good relationships with adults
- ___ Participates in school clubs/activities
- ___ Potential to succeed in a rigorous academic program

***Please write any additional comments on the back of this form.