



Mandatory Non-Teacher Recommendation

Student's Name _____

Recommender's Name _____

Recommender's Relationship to student: _____

How long recommender has known student: _____

Contact Phone: (____) _____

Best time to reach you: _____

To the student: For this recommendation, you should choose a counselor, coach, boss, church contact, mentor, etc. (but no friends, peers or relatives) that has known you for **at least one full academic year** to add to your teacher's recommendation. We may contact him/ her to discuss your potential participation in the Urban Alliance program.

To the recommender: Please provide your signature and contact information along with your recommendation that this student is a good candidate for the Urban Alliance program. Any and all additional information you can provide about the student will be greatly appreciated. Please address questions to the UA office at 202.459.4300.

Please help identify strengths and weaknesses of the applicant so that we may best prepare them for their work environment. Write N/A if you do not have a basis for evaluation.

Category	Excellent (Top 5-10%)	Above Average (Top 10-25%)	Average (Top 25-75%)	Needs Improvement (Bottom 25%)
Communication skills				
Writing skills				
Work ethic				
Responsibility				
Attendance/punctuality				
Initiative				
Academic Potential				
Participation				

Please elaborate on any categories rated "Needs Improvement." _____

Please tell us why you believe this student is a good candidate for the Urban Alliance. _____

Recommender Signature _____

Date _____

APPLICANT NOTE: Submit this form to Counselor **ONLY** if "High School Internship" and/or "Both" boxes are checked on page 1.