Recommendation to Waldorf College Education Program

Student Name			
			ve student in regards to the following characteristics using the scale – Acceptable for program; 3 – Exceptional.
1	2	3 □	Physical Health
			Mental Health
			Character (ethics)
			Interpersonal Relationship Skills
Addi	tional c	ommen	ts encouraged. Please explain any concerns.
Please check your relationship to the student: Education faculty Non-faculty member* Other faculty, staff or Administrative Staff			
			unsfer students these sources are recommended: Coaches, Student Service upervisor, Co-Worker, Pastor, High School Principal, High School Teacher.
	_This f	orm is o	pen for review of committee and faculty.
	_This f	orm is c	losed and for the confidential use of the Education Faculty only.
Nam	e (Print)	
Title (plea	 ise use i	his if yo	ou are off Waldorf College's Campus)
Sign	ature		
Date			
Send Adm	this co	mpleted ive Assi	form to: Waldorf College, Atten: Education Department stant, 106 S. 6 th Street, Forest City, IA 50436 in a sealed envelope.