



YOUTH LEADERSHIP SUMMIT (YLS) RECOMMENDATION FORM

Student Name: _____ Grade Level: _____

Person Making Recommendation: _____

Relationship to Applicant: _____

On a scale of 1 to 5, please rate the performance of the above named student, with 5 being the highest score and 1 being the lowest score. For responses rated a 1 or 2, please provide comments.

| Activity | 1 | 2 | 3 | 4 | 5 | Comments |
|----------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------|
| Attends school on a regular basis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is on time to class | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Completes class assignments on time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Displays school pride | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Respects and honors school environment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Shows positive attitude in class | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Gets along well with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Demonstrates eagerness and capacity to learn | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Engages in school activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Shows ability to make and keep commitments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Receptive to new ideas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Accepts responsibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Demonstrates initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

What do you see as the student's area(s) of strength? _____

Signature _____

Date _____



Counselor Evaluation Form

Thank you for completing the counselor recommendation form for the Indiana Black Expo Youth Leadership Summit (YLS). Complete this evaluation in its entirety and attach applicant's official transcript. Your comments will be considered when making Summit acceptance decisions.

YLS Applicant's Name: _____

Student cumulative GPA is: _____ On a _____ scale. This GPA is Weighted Unweighted

This student ranks _____ in a class of _____. We do not rank

Curriculum Rating: Most Demanding Demanding Average Less Demanding

I recommend this student: Enthusiastically Strongly Fairly Strongly With Reservation

The above student is in good standing with the school. Yes No

Counselor's Printed Name: _____

Email Address: _____

Counselor's Signature: _____ Date _____

Please return forms and an official transcript by June 1, 2018 via email to
jdarcy@indianablackexpo.com.