

Seat Time Waiver
Student Recommendation Form

Step 3
 To be completed
 by counselor

Each student being considered for a seat time waiver must submit at least one recommendation form from a current or previous faculty member that is knowledgeable of the student. A second recommendation may include an elective teacher, coach, social worker or community member.

Student Name: _____ Grade: _____

Name of Person Completing the Recommendation: _____

Name of Recommending Teacher: _____

Position/Affiliation with the Student: _____

Phone Number: _____ Email Address: _____

Please complete this **confidential** form and return it by _____ to _____ in a sealed envelope. This student is applying for a seat time waiver. The student will primarily be taking online courses to earn credit toward high school graduation. The student will meet with a mentor teacher one time per week. This student has been identified as meeting the requirements of the program however, it is important to determine the student's likelihood for success based on recommendations from faculty and/or other adults affiliated with the student. Please rate the student in the following categories:

	Unknown	Below Average	Average	Above Average	Outstanding
Overall Academic Effort					
Overall Academic Ability					
Attitude Toward Learning					
Reading Skills					
Computer Skills					
Experience with the Internet					
Problem Solving Skills					
Communication Skills					
Social Skills					
Relationship Skills					
Support from Home					
Self Starter/Self Directed					
Organizational Skills					
Time Management Skills					
Potential for Success in Seat Time Waiver Program					

Other helpful information would you like to share: Please attach additional sheet if necessary.

Thank you for your assistance!