

ADMINISTRATOR/PRINCIPAL
RECOMMENDATION FORM
McKinley Classical Leadership Academy High School

PLEASE COMPLETE, SIGN AND RETURN THIS FORM TO:

Julie Metzger - julie.metzger@slps.org
OR Dr. LaRon Haymore – laron.haymore@slps.org
McKinley Classical Leadership Academy High School
2156 Russell Blvd.
Saint Louis, MO 63104
School (314) 773-0027
Fax (314) 244-1834

IF NECESSARY, PLEASE USE THE REVERSE SIDE FOR ADDITIONAL COMMENTS

STUDENT'S NAME: _____

SCHOOL: _____

___ **I DO RECOMMEND THIS STUDENT FOR MCKINLEYCLAHS**

___ **I DO NOT RECOMMEND THIS STUDENT FOR MCKINLEY CLAHS**

PLEASE CHECK THE APPROPRIATE RATING FOR MCKINLEY CLAHS

	EXCELLENT	GOOD	NEEDS IMPROVEMENT	POOR
Academic Performance	_____ (A – B+)	_____ (B-C)	_____	_____
Assuming Responsibility	_____	_____	_____	_____
Attendance	_____	_____	_____	_____
Relationship with Peers	_____	_____	_____	_____

Name of Person Completing Form

Signature of Person Completing Form

Principal's Signature

Date and Telephone Number

TEACHER/COUNSELOR
RECOMMENDATION FORM
McKinley Classical Leadership Academy High School

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SCHOOL: _____

___ **I DO RECOMMEND THIS STUDENT FOR MCKINLEY CLAHS**

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PLEASE CHECK THE APPROPRIATE RATING FOR MCKINLEY CLASSICAL LEADERSHIP

	EXCELLENT	GOOD	NEEDS IMPROVEMENT	POOR
Academic Performance	_____ (A – B+)	_____ (B-C)	_____	_____
Assuming Responsibility	_____	_____	_____	_____
Attendance	_____	_____	_____	_____
Relationship with Peers	_____	_____	_____	_____

Name of Person Completing Form

Signature of Person Completing Form

Principal's Signature

Date and Telephone Number