



**MINISTRY OF EDUCATION:  
POST-SECONDARY PROGRAMME**

New Dock Road, Vieux-Fort  
Telephone Numbers: 454-6283, 454-3456, 721-3848  
Email: postsecmoe@outlook.com

**MOST RECENT PRINCIPAL, TEACHER, COUNSELLOR OR EMPLOYER RECOMMENDATION FORM**

This student is applying to the Ministry of Education: Post-Secondary Programme. Your recommendation will be used by the Admissions Committee to determine the suitability of the candidate for the programme and/or how to prepare for his/her admission. As Referee, you are to complete this form, confidentially, and return to the applicant in a sealed envelope with your signature across the seal. The recommendation will remain confidential. We sincerely appreciate your cooperation and candor.

Student's Name: \_\_\_\_\_ I have known the applicant for \_\_\_\_ years.

Please evaluate the student/employee's attitude and qualities by checking ( ) one rating for each category.

<b>Personal Qualities and Attitude</b>	<b>No Chance to Observe</b>	<b>Inconsistent</b>	<b>Poor</b>	<b>Average</b>	<b>Good</b>	<b>Excellent</b>
Works well independently						
Cooperates well with others						
Participates in extra/co-curricular activities						
Has positive relationships with teachers/co-workers						
Has positive relationships with peers						
Reaction to criticism						
Reaction to setbacks						
Conduct						
Personal integrity/honesty						
School Coop						

Has the applicant ever had an altercation with a teacher/co-worker? YES ( ) NO ( )  
If yes, explain below

---



---

Has the applicant been involved in gang-related activities? YES ( ) NO ( )  
If yes, explain below

---



---

Has the applicant been involved in any lewd or pornographic activity? YES ( ) NO ( )  
If yes, explain below

---



---

Is there any factor or disciplinary action that has impacted the applicant's academic or social progress to date?  
YES ( ) NO ( ) If yes, state how

---

Referee's Name (Print): \_\_\_\_\_ Contact No.: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ School/Business: \_\_\_\_\_  
(State whether Counsellor, Principal, Teacher or Employer)

Referee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please feel free to write additional comments at the back of this form. The applicant's application may not be considered if this recommendation form has not been completed. Thank you!*