TRI-COUNTY TECHNICAL COLLEGE
EDUCATIONAL TALENT SEARCH PROGRAM
TEACHER/COUNSELOR RECOMMENDATION

This form must be completed by one of your guidance counselors or one of your teachers. Please return with the application. The student is to complete the top section.

Student's Name: _____

Date of Birth: _____ Social Security Number: _____

School: _____ Grade: _____ U.S. Citizen: ____ yes ____ no

Name of Parent/Guardian: _____

Address: _____

First generation college student? _____ yes _____ no

The following information must be completed by the student's guidance counselor or one of the student's teachers. Please check ALL that apply.

Student's Current or Last Academic Program:

____ College Preparatory/ Advanced Placement
____ Technical Preparatory
____ Vocational
____ Commercial
____ Remedial

Major Areas of Need:

____ Career Counseling
____ Cultural Enrichment
____ SAT/ACT Preparation
____ Tutoring
____ Other (specify) _____
____ Study Skills
____ Improvement (academic)
____ Interpersonal/ Group Relations
____ Dropout Prevention

Reason(s) for recommendation:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ (teacher/counselor signature)