



Tenor High School
840 North Jackson Street
Milwaukee, WI 53202
tel 414.431.4371
fax 414.431.4376



A program of Seeds of Health, Inc.

Confidential Recommendation Form

Student Information:

Current School:

Teacher/Administrator:

Student Last Name:

Student First Name:

Teacher/Administrator: This student is applying for admission to Tenor High School. Please complete the form below and return to Jonathan Dorman at Tenor High School via fax at 414.431.4376, email to jdorman@seedsofhealth.org, or mail to the address above.

Please check one rating for each item below:

	Excellent	Good	Fair	Poor
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide the following student information:

- Academic Performance: _____

- Character: _____

- Other: _____

Signature of Subject Area Teacher

Subject Area

Date

****Please attach a copy of the student's most recent statewide or benchmark testing results (e.g. MAP, STAR, Wisconsin Forward Exam). This information will be used only for placement purposes if the student is accepted and chooses to attend Tenor.**

This institution is an equal opportunity provider.