



Rooted and Rising Student Application

Teacher/Counselor/Administrator Questionnaire

Student's Name _____

How long have you known this student? _____

What is your role? (Counselor, Principal, Teacher): _____

Please evaluate the following statements:

	Yes	No
This student demonstrates respect for authority, peers, property		
This student acts cooperatively		
This student has a history of inappropriate behavior		
This student has a history of alcohol or drug use		
This student has a supportive family/network		

Please complete the following questions:

1. What are this student's strengths?
2. What are this student's weaknesses?
3. Do you have any concerns about this student's participation in camp?
4. What do you hope this applicant will most benefit from by attending camp?
5. Other comments

_____/_____/_____
Teacher/Counselor/Administrator's Signature Date

Name _____ Title _____
School _____ Phone _____
Email _____