

DAVIS AEROSPACE TECHNICAL HIGH SCHOOL
@ GOLIGHTLY CAREER AND TECHNICAL CENTER

“Taking Education To A Higher Altitude”

**Applicant’s Enrollment
Recommendations 2017-2018**

DAVIS AEROSPACE TECHNICAL HIGH SCHOOL

900 Dickerson (at Jefferson)

Detroit, Michigan 48215

(313) 822-8820

(313) 866-3131 – Fax

Neal Morrison, Principal
Stephanie Jenkins, Assistant Principal
Sybil Sharpe, Assistant Principal

Applications submitted prior to May 30, 2016
will be given priority processing

DAVIS AEROSPACE TECHNICAL HIGH SCHOOL
Teacher Recommendation Form

Student Name: _____ Grade applying for: 9 10 11 12

Teacher Name: _____ School Name: _____

School Phone number: () _____ May we contact you: Yes No

Grade(s) taught: _____ Subject(s) taught: _____

Number of years you have known this student: _____

Please complete the following

	Poor		Average		Excellent
Completion of class work	1	2	3	4	5
Completion of homework	1	2	3	4	5
Comes prepared for class	1	2	3	4	5
Overall work habits	1	2	3	4	5
Overall study habits	1	2	3	4	5
Overall quality of work	1	2	3	4	5
Willingness to learn	1	2	3	4	5
Attendance	1	2	3	4	5
Arrives on time for class	1	2	3	4	5
Teacher interactions	1	2	3	4	5
Peer interactions (social)	1	2	3	4	5
Peer interactions (group)	1	2	3	4	5
Ability to communicate (verbal/written)	1	2	3	4	5
Compliance with DPSCD Code of Conduct	1	2	3	4	5
Assumes responsibility for actions	1	2	3	4	5
Overall attitude	1	2	3	4	5

Please describe at least one strength this student possesses: _____

Please describe at least one area in which this student needs to improve: _____

Please give any additional information relevant to this student: _____

DAVIS AEROSPACE TECHNICAL HIGH SCHOOL
Counselor Recommendation Form

Student Name: _____ Grade applying for: 9 10 11 12

Teacher Name: _____ School Name: _____

School Phone number: () _____ May we contact you: Yes / No

Grade(s) taught: _____ Subject(s) taught: _____

Number of years you have known this student: _____

Please complete the following

	Poor	Average	Excellent		
Willingness to learn	1	2	3	4	5
Teacher interactions	1	2	3	4	5
Peer interactions (social)	1	2	3	4	5
Peer interactions (group)	1	2	3	4	5
Attendance	1	2	3	4	5

Cumulative Attendance (days absent): _____

Cumulative GPA: _____

Has this student had any Student Code of Conduct violations during the past school year? Yes ___ No If so, indicate which violation(s): _____

Indicate any special needs the student may require: _____

Please give any additional information relevant to this student: _____
