

Recommendation Form

Name of child: _____

Your name: _____

Relationship to child (pastor, teacher, babysitter...): _____

Your telephone number or e-mail address: _____

How many years have you known this child? _____

Please assess the child's level of:					
	Below age level		At age level		Above age level
Maturity	1	2	3	4	5
Emotional stability	1	2	3	4	5
Discipline/focus	1	2	3	4	5
Leadership style	Leader Follower "Follows the beat of his/her own drum" Other: _____				

Overall, how strongly would you recommend this child for this service?					
Not at all					Highly
0	1	2	3	4	5

Print Name

Signature

Date

Please mail this form to:

Greater mPower Tutoring, LLC
 84 Oxford Brook Way
 Lawrenceville, GA 30046