



## Cosmetology Recommendation Form

Recommendation for: \_\_\_\_\_ School: \_\_\_\_\_  
Name of Student High School Student Attends

Recommended by: \_\_\_\_\_  
Name and Title

**Please rate the student on these attributes, compared to other students.**

**Willingness to engage in conversation:**

- Excellent
- Good/As Expected
- Needs Improvement

**Accepts challenges:**

- Excellent
- Good/As Expected
- Needs Improvement

**Listens to others:**

- Excellent
- Good/As Expected
- Needs Improvement

**Work habits:**

- Excellent
- Good/As Expected
- Needs Improvement

**Works in a team:**

- Excellent
- Good/As Expected
- Needs Improvement

**Builds and maintains relationships:**

- Excellent
- Good/As Expected
- Needs Improvement

**Please comment below on your experience working with this student. Mention strengths and weaknesses, as well as any specific information regarding the attributes you ranked above.**

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**Student** – Please ask an adult who knows you to complete & send this form (*not* a family member).

**Recommender** – Please return this form directly to the student’s high school counseling office or to Kristi Akehurst at MTC (kristia@meridiantech.edu). *Please do not give the completed recommendation form to the student.* Your evaluation will only be viewed by school staff.