**Academies of Hampton - School Counselor Recommendation**

**Student Instructions:** Complete the top portion and submit the School Counselor Recommendation form to your school counselor no later than **February 15**.

**School Counselor Instructions:** Please use this form to recommend students as candidates for entry into the Academies of Hampton. Please mark the boxes that best represent your assessment of this student and submit your School Counselor Recommendation, along with the Academies of Hampton Application Coversheet, Student Application, Teacher Recommendation, HCS Student Profile, and the Student Log entries to the Director of Career and Technical Education. All completed applications must be received by the CTE office no later than **March 3**.

**Student and Parent/Guardian Information:**

Name: ________________________________

Last: ____________________

First: ____________________

Middle: ____________________

Academic Status: ____________________

Current School ____________________

Present Grade Level __________

Student ID Number __________

**Academy Selection:** Check the academy to which you are applying.

- IDEA STEM Academy (Phoebus High School)
- Architecture & Applied Arts Governor's STEM Academy (Kecoughtan High School)
- Governor's Health Science Academy (Bethel High School)
- Aerospace and Information Technology Academy/Greater Peninsula Governor's Academy (Hampton High School)

**My career goal is to become a ____________________________ and I am specifically interested in the ____________________________ plan of study.**

(List the plan of study)

**Teacher Recommendations:** I have asked the following two current teachers (at least one must be from a math or science teacher) to complete a recommendation form. They will provide it to my school counselor by March 1.

(1) ____________________________

Teacher name: ____________________________

Subject: ____________________________

And (2) ____________________________

Teacher name: ____________________________

Subject: ____________________________

**Student Request**

Student Signature: ____________________________

Date: ____________________________

**Parent/Guardian Approval:**

Name: ____________________________

Signature: ____________________________

Date: ____________________________

**School Counselor Recommendation**

School Counselor: ____________________________

Name: ____________________________

School: ____________________________

E-mail Address: ____________________________

Attached to this recommendation is a copy of the following: ☐ **HCS Student Profile** and the ☐ Student Log entries.

<table>
<thead>
<tr>
<th>Not Observed</th>
<th>Not Acceptable</th>
<th>Needs Improvement</th>
<th>Acceptable</th>
<th>Exceeds Expectations</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic performance – maintains good academic standing and a minimum 2.0 GPA</td>
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<tr>
<td>Attendance – maintains good attendance (defined as no more than six unexcused absences, tardies or early dismissals per year</td>
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<tr>
<td>Behavior – complies with rules and regulations outlined in the Student Rights and Responsibilities Handbook</td>
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</tbody>
</table>

☐ Highly Recommended

☐ Recommended

☐ Not Recommended. If “not recommended,” please explain. ____________________________

School Counselor Signature: ____________________________

Date: ____________________________

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Hampton City Schools Non-Discrimination Notice - HCS does not discriminate on the basis of race, color, national origin, sex, disability, age or other protected classes in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: Robbin G. Ruth, Executive Director, Human Resources, One Franklin Street, Hampton, VA 23669 757-727-2000.