

*E. C. Glass High School  
2111 Memorial Avenue  
Lynchburg, VA 24501*

**INDIVIDUAL STAFF COMMENTS OR RECOMMENDATIONS OF STUDENT**

THIS RECOMMENDATION (IS)\_\_\_ (IS NOT)\_\_\_ SUBJECT TO MY REVIEW \_\_\_\_\_  
Signature of Student

Student's Name \_\_\_\_\_ Date Due to Counselor \_\_\_\_\_

**Please comment on this student's personal qualities and your estimate of his/her academic and/or vocational promise. (Type or Print, please)**

\_\_\_\_\_  
**Signature of Staff Member**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Position**