Archdiocese of Baltimore ~ Division of Youth & Young Adult Ministry

HIGH SCHOOL LEADERSHIP INSTITUTE RECOMMENDATION FORM

The Archdiocese of Baltimore High School Leadership Institute (“High LI”) is an eight comprehensive leadership formation program through which young people are empowered as missionary disciples of Christ and are sent to evangelize others. Youth who will be in the eleventh or twelfth grade (and in some cases, tenth) next fall are invited to apply. The young person listed below has applied to attend the High School Leadership Institute this summer and the staff would appreciate your honest appraisal. Please print neatly or type responses. Please provide additional comments as necessary. Attach a separate sheet if additional space is needed.

Who should complete this form? This recommendation should be completed by the adult moderator of the parish or school entity which is sponsoring the young person’s participation at High LI. If the parish is sponsoring the young person’s participation, the parish youth ministry coordinator, pastoral associate, associate pastor, or pastor should complete this form. If the Catholic high school is sponsoring the young person’s participation, the campus minister, student government moderator, or principal should complete this form. Please contact Pat Ashby at the Division of Youth and Young Adult Ministry (410.547.5372) if there is question as to who should complete this form.

Young Person’s Name:

Moderator’s Name: Title:

Parish/School:

Address:

Do you recommend this young person for participation in the High School Leadership Institute for the summer of 2018? Yes No Yes, with reservations (circle one)

How long have you known the applicant?

What leadership role will the applicant hold in your parish/school next year (2018-2019)? If the young person is not expected to fulfill a leadership role next year, please indicate your motivation for having the young person apply to the High School Leadership Institute.

(Over)

Please evaluate the applicant in the following areas. 5=Excellent, 1=Poor, NB=No Basis for Judgment

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Motivation to complete tasks | 5 | 4 | 3 | 2 | 1 | NB |
| Public Speaking | 5 | 4 | 3 | 2 | 1 | NB |
| Writing Ability | 5 | 4 | 3 | 2 | 1 | NB |
| Dependability | 5 | 4 | 3 | 2 | 1 | NB |
| Ability to Work with Peers | 5 | 4 | 3 | 2 | 1 | NB |
| Maturity | 5 | 4 | 3 | 2 | 1 | NB |
| Organizational Skills | 5 | 4 | 3 | 2 | 1 | NB |
| Ability to accept/delegate authority | 5 | 4 | 3 | 2 | 1 | NB |
| Ability to accept responsibility | 5 | 4 | 3 | 2 | 1 | NB |
| Shows Initiative | 5 | 4 | 3 | 2 | 1 | NB |
| Understands Missionary Discipleship | 5 | 4 | 3 | 2 | 1 | NB |
| Response to setbacks and criticism | 5 | 4 | 3 | 2 | 1 | NB |

# Please comment on the applicant’s strengths and weaknesses (particularly any of the above that you rated at 3 or below).

*Please list at least one specific area of growth for the applicant.*

*Please comment specifically on applicant’s public speaking ability, experience and comfort level.*

*Additional comments:*

WORTHY OF THE CALL VERIFICATION

This verifies that has participated in the *Worthy of the Call* training for children and youth protection, which was held at on . This training was in compliance with A Statement of Policy for the Protection of Children and Youth.

Signature: Date:

Thank you for the time and thought you invested in this evaluation. The High LI staff takes all evaluations and recommendations seriously.

APPPLICANTS MAY BRING THIS FORM WITH THEM TO THEIR ORIENTATION IN A SEALED ENVELOPE