Confidential Recommendation Form

English / Classroom Teacher

Parent / Guardian Instructions: Please indicate the applicant's name and current grade, and give this form to the current English / Classroom Teacher. Once completed, this form must be sent directly from the applicant's current school to Doane Stuart.

Teacher Instructions: Teacher recommendations are weighed significantly when considering a student for admission. Your candid evaluation is greatly appreciated. Please be as complete as possible. This form is kept in strict confidence.

Name of Student _____ Current Grade _____

How long, and in what context, have you known this student? _____

_____

_____

What words come to mind when you think of this student? _____

_____

Please complete the charts below by checking the appropriate boxes:

	Not Applicable	Below Average	Average	Good (above average)	Very Good (well above average)	Excellent (top 10%)
Reading						
Writing						
Math						
Oral Expression						

	Not Applicable	Below Average	Average	Good (above average)	Very Good (well above average)	Excellent (top 10%)
Responsibility for Work						
Interest in Study						
Capacity for Independent Work						
Attention Span						
Participation in Class						
Relationship with Peers						
Relationship with Adults						
Reaction to Criticism						
Leadership Ability						
Honesty						
Consideration for Others						
Emotional Maturity						

Please discuss the student's overall academic performance in relation to his or her ability. _____

_____

_____

_____

_____

Please describe any special circumstances about which we should have knowledge? _____

_____

_____

_____

_____

Your recommendation of the applicant as a person:

_____ Highly Recommended _____ Recommended With Reservation

_____ Recommended _____ Not Recommended

Please Comment: _____

_____

_____

_____

_____

Your recommendation of the applicant as a student:

_____ Highly Recommended _____ Recommended With Reservation

_____ Recommended _____ Not Recommended

Please Comment: _____

_____

_____

_____

_____

Additional Comments: _____

_____

_____

_____

_____

□ **If you wish to discuss the student personally, please check here.**

Name of School _____ Telephone Number ( ) _____

School Address _____

City *State* *Zip Code*

Your Name (please print) _____ Title _____

Your Email Address _____

Signature _____ Date _____

Thank you for your help.

Confidential Recommendation Form

Principal / Head of School / School Counselor

Parent / Guardian Instructions: Please indicate the applicant's name and current grade, and give this form to the current Principal / Head of School / School Counselor. Once completed, this form must be sent directly from the applicant's current school to Doane Stuart.

Principal / Head of School / School Counselor Instructions: Principal / Head of School / School Counselor recommendations are weighed significantly when considering a student for admission. Your candid evaluation is greatly appreciated. Please be as complete as possible. This form is kept in strict confidence.

Name of Student _____ Current Grade _____

How long, and in what context, have you known this student? _____

_____

_____

What words come to mind when you think of this student? _____

_____

Please complete the charts below by checking the appropriate boxes:

	Not Applicable	Below Average	Average	Good (above average)	Very Good (well above average)	Excellent (top 10%)
Reading						
Writing						
Math						
Oral Expression						

	Not Applicable	Below Average	Average	Good (above average)	Very Good (well above average)	Excellent (top 10%)
Responsibility for Work						
Interest in Study						
Capacity for Independent Work						
Attention Span						
Participation in Class						
Relationship with Peers						
Relationship with Adults						
Reaction to Criticism						
Leadership Ability						
Honesty						
Consideration for Others						
Emotional Maturity						

Please discuss the student's overall academic performance in relation to his or her ability. _____

_____

_____

_____

Please describe any special circumstances about which we should have knowledge? _____

_____

_____

_____

Your recommendation of the applicant as a person:

_____ Highly Recommended _____ Recommended with Reservation

_____ Recommended _____ Not Recommended

Please comment: _____

_____

_____

_____

Your recommendation of the applicant as a student:

_____ Highly Recommended _____ Recommended With Reservation

_____ Recommended _____ Not recommended

Please comment: _____

_____

_____

- **Is this student in good academic standing and eligible to advance to your school's next grade level?**
  □ No □ Yes

- **Has disciplinary action ever been taken against this student by your school?**
  □ No □ Yes, explain:

_____

_____

_____

_____

_____

- **Does this student currently have, or did he/she have, an Individualized Education Plan (IEP) or a 504 Plan?**
  □ No □ Yes

- **Are there any weaknesses or limitations that would interfere with the student's achievement at Doane Stuart?**
  □ No □ Yes, explain:

_____

_____

_____

_____

- **The student's parent(s) / guardian (s) are:**
  □ Very Cooperative □ Usually Cooperative
  □ Rather Detached □ Not Communicative
  □ Other_____

- **Are financial responsibilities with your school met in a timely manner?**
  □ Yes □ No □ Not sure □ Not applicable

□ **If you wish to discuss the student personally, please check here.**

Name of School _____ Telephone Number ( ) _____

School Address _____

City *State* *Zip Code*

Your Name (please print) _____ Title _____

Your Email Address _____

Signature _____ Date _____

Thank you for your help.