



# 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

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

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- The student's parent(s) / guardian (s) are:  
 Very Cooperative       Usually Cooperative  
 Rather Detached       Not Communicative  
 Other \_\_\_\_\_

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

- 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.