

# GRACE EPISCOPAL DAY SCHOOL



## *Confidential Student Recommendation*

(Applicants for grades two through six)

Child's Name \_\_\_\_\_ Application for grade \_\_\_\_\_

Name of person completing this form \_\_\_\_\_

Relationship to child: Current teacher \_\_\_; School Head \_\_\_; Other \_\_\_\_\_

I have known the applicant \_\_\_\_\_ years/months. Date \_\_\_\_\_

We appreciate your cooperation in completing this form. You may place your check mark in any column to the right or left to show gradations within each category. We understand the difficulty in making such an evaluation. All information that you furnish will be kept confidential.

	<b>Outstanding</b>	<b>Good</b>	<b>Average</b>	<b>Limited</b>
Academic ability				
Academic achievement				
Self-motivation				
Effort, drive				
Study habits				
Intellectual curiosity				
Ability to work alone				
Classroom participation				
Reading for pleasure				
Writing ability				
Oral-expression				
Follows direction				
Uses suggestions/corrections				
Seeks help when needed				
Attention span				

### **The words circled may help describe this applicant:**

aggressive	follower	over-protected	shy
anxious	honest	passive-resistant	social
articulate	influential	perfectionist	vivacious
cheerful	irritable	responsible	well-liked
disobedient	manipulative	self-centered	positive leader
easily discouraged	organized	self-disciplined	negative leader
helpful	confident	motivated	conscientious

PLEASE SEE REVERSE SIDE.....

<b>Personal Qualities</b>	<b>Outstanding</b>	<b>Good</b>	<b>Average</b>	<b>Limited</b>
Maturity in terms of age/grade				
Consideration of others				
Social Adjustment with peers				
Stability (emotional)				
Sense of humor				
Self-confidence				
Integrity				
Conduct				

Has the applicant been evaluated for any physical, emotional, or academic reasons?  
 Yes \_\_\_ No \_\_\_ Do not know \_\_\_ (If yes, please explain.)

Is the applicant currently on medication, or has the applicant previously been on medication? Yes \_\_\_ No \_\_\_ Do not know \_\_\_ (If yes, please explain.)

Have you observed any signs of learning disabilities?  
 Yes \_\_\_ No \_\_\_ (If yes, please explain.)

Have all financial obligations to your school been fulfilled?

Parent cooperation and involvement with the school \_\_\_\_\_

General health of applicant \_\_\_\_\_

May we contact you for further information? \_\_\_\_\_

Signature

Print Name

Signature

School Address

Phone

Please return form to: Office of Admission, Grace Episcopal Day School, 9115 Georgia Ave, Silver Spring, MD 20910