



# Confidential Recommendation Form Pre-Kindergarten, Kindergarten, and Grades 1 - 4

Name of Candidate: \_\_\_\_\_ Current Grade: \_\_\_\_\_

How long have you known this student and in what capacity?  
\_\_\_\_\_

**Please rate the student on the following:**

### ACADEMIC RATINGS

	Excellent	Above Average	Good	Average	Below Average
Motivation					
Creative Qualities					
Self-Discipline					
Growth Potential					
Intellectual Risk-Taking					
Overall Academic Promise					
Pattern of Completing Work on Time					
Ability to Focus					
Organizational Skills					

### CHARACTER AND PERSONALITY RATINGS

Personal Initiative					
Leadership					
Self-Confidence					
Concern for Others					
Respect for Those Unlike Himself/Herself					
Respect Accorded to Faculty					
Emotional Maturity Compared to Peers					
Interaction with Adults					
Interaction with Peers					

Has tutorial assistance been recommended? \_\_\_\_\_ If yes, why? \_\_\_\_\_

Has tutoring been given? \_\_\_\_\_ If yes, by whom? \_\_\_\_\_

**BEHAVIOR**

	Excellent	Above Average	Good	Average	Below Average
Classroom Behavior as Compared to Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PHYSICAL DEVELOPMENT**

	Notably Advanced	Age Appropriate	Progressing Towards Age	Well Below Age Level	
Muscle Control & Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small
Large Muscle Control & Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Articulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

To the best of your knowledge, has the student been placed on academic or personal probation, suspended, expelled, or experienced excessive disciplinary infractions at your school?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain

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All factors considered, how do you recommend this student::  
 \_\_\_ Enthusiastically \_\_\_ Confidently \_\_\_ With Reservation\* \_\_\_ Do Not Recommend\*  
 \* Please explain \_\_\_\_\_

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**FAMILY INFORMATION**

	Always	Usually	Sometimes	Rarely
Cooperation with Faculty/Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Realistic	Unrealistic	Unknown	
Expectations for Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Overly Involved	Appropriately Involved	Sometimes Involved	Rarely Involved
Participation in Child's Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please feel free to write additional comments on this page or attach a separate sheet. Any information you provide that will give us a better picture of this candidate will be appreciated.

Your Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title or Position: \_\_\_\_\_ Date: \_\_\_\_\_

School Name and Address: \_\_\_\_\_

**Please return this form to:** Susan Gibson  
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