



# Confidential Recommendation Form Grades 5 - 12

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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Classroom behavior as compared to Peers

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: \_\_\_\_\_

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**Please return this form to:** Susan Gibson  
 Associate Director of Admissions  
 Gaston Day School  
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