



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:

	Mother/Legal	Guardian			
ACADEMIC RATINGS	Excellent	Above Average	Average	Below Average	Need Grade:
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Growth Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Risk-Taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Academic Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pattern of Completing Work on Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHARACTER AND PERSONALITY RATINGS

Personal Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Those Unlike Himself/Herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect Accorded to Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity Compared to Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

All factors considered, how do you recommend this student::
 ___ Enthusiastically ___ Confidently ___ With Reservation* ___ Do Not Recommend*

* Please explain _____

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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