



CONFIDENTIAL RECOMMENDATION

SIXTH AND SEVENTH GRADE— CURRENT PRINCIPAL/COUNSELOR/ADVISOR

THIS FORM REPLICATES THE RECOMMENDATION FORMAT UTILIZED BY MEMBER SCHOOLS OF THE ASSOCIATION OF COLORADO INDEPENDENT SCHOOLS (ACIS). COMPLETED

To Be Filled Out By Parent/Guardian – ONCE COMPLETED, TEACHERS MAY RETURN THIS FORM VIA MAIL, EMAIL OR FAX.

APPLICANT NAME _____ GRADE APPLYING TO: _____

NAME OF CURRENT SCHOOL _____

AUTHORIZATION TO RELEASE SCHOOL RECORDS

For the student named above, I authorize the release of school records, including an official transcript of all grades for the past two years, as well as the results of academic testing. I acknowledge that I waive my right to read the confidential teacher recommendations and the school report. I further hereby release the above school from all liability pertaining to the disclosure of this information.

PARENT/GUARDIAN SIGNATURE

DATE

To Be Filled Out By Principal/Counselor/Advisor - PLEASE PROVIDE YOUR ASSESSMENT OF THE STUDENT IN THE FOLLOWING AREAS:

| Academic Qualities | NOT OBSERVED | POOR | FAIR | AVERAGE | GOOD | EXCELLENT | EXCEPTIONAL |
|---|--------------|------|------|---------|------|-----------|-------------|
| Study habits | | | | | | | |
| Attention span | | | | | | | |
| Ability to work independently | | | | | | | |
| Ability to organize and communicate ideas | | | | | | | |
| Motivation | | | | | | | |
| Intellectual curiosity | | | | | | | |
| Critical and abstract thinking skills | | | | | | | |
| Classroom participation | | | | | | | |

| Personal Qualities | NOT OBSERVED | POOR | FAIR | AVERAGE | GOOD | EXCELLENT | EXCEPTIONAL |
|-------------------------------|--------------|------|------|---------|------|-----------|-------------|
| Relationship with peers | | | | | | | |
| Relationship with adults | | | | | | | |
| Creativity | | | | | | | |
| Self-confidence | | | | | | | |
| Leadership potential | | | | | | | |
| Reaction to setback | | | | | | | |
| Concern for others | | | | | | | |
| Conduct | | | | | | | |
| Integrity | | | | | | | |
| Ability to act independently | | | | | | | |
| Ability to work cooperatively | | | | | | | |
| General level of maturity | | | | | | | |
| Sense of humor | | | | | | | |

QUESTIONS

1. For how long and in what context have you known this student?

2. Please comment on this applicant's special interests, talents and abilities.

(OVER)

Confidential Recommendation – Current Principal/Counselor/Advisor

STANLEY BRITISH PRIMARY SCHOOL ~ 350 QUEBEC STREET ~ DENVER, CO ~ 80230

ADMISSION@STANLEYBPS.ORG ~ 303-261-1792 ~ FAX 303-360-0353

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QUESTIONS - Continued

3. Should the admission committee be made aware of any factors that have had an impact on this student's academic or social progress to date for example attendance, disciplinary or health related issues?

4. Comment on the student as a person. Consider maturity, integrity, behavior, relationship with peers, self confidence, etc.

5. What has your experience been in working with this student's family?

6. How well does the parent(s) perception match the school's understanding of the child's ability?

- Very Well Fairly Well Not Very Well

7. Where does this student rank among other students in his/her class?

- Top 10% Top 25% Top 50% Bottom 50

Is there any additional information that can be better conveyed in a telephone conversation? Yes No

If necessary, please list the best telephone number and times to reach you: _____

| RECOMMENDATION | NOT AT ALL | WITH RESERVATION | MILDLY | WITH CONFIDENCE | ENTHUSIASTICALLY |
|--------------------------------|-------------------|-------------------------|---------------|------------------------|-------------------------|
| Academic Ability and Promise | | | | | |
| Character and Personal Promise | | | | | |
| Overall | | | | | |

SCHOOL SPECIFIC RECOMMENDATION

Please mark the degree of your familiarity with the Stanley British Primary School program.

- Very Familiar Fairly Familiar Somewhat Familiar Not At All Familiar

I recommend this student for admission to Stanley British Primary School. Yes No

PRINCIPAL/COUNSELOR/ADVISOR INFORMATION AND SIGNATURE

NAME: _____ POSITION: _____

SCHOOL: _____ SCHOOL PHONE #: _____

SCHOOL ADDRESS: _____

SIGNATURE: _____ DATE: _____

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