

(Suggested range of use:)

Applicants to GRADES 6-12 CONFIDENTIAL COMMON RECOMMENDATION FORM



This common recommendation form is accepted by all independent schools who are members of ADVIS (Association of Delaware Valley Independent Schools). To be signed by the parents or guardians and given to the student's present school.

I/We understand that we may not look at this evaluation and assure the evaluator and the school that we will not try to do so. We give permission for the evaluator to release the information on this form to the schools to which we are applying for admission. We understand that as parents we will not have access to this confidential information and that it will not become part of our child's permanent record.

First Parent/Guardian Signature_		
Second Parent/Guardian Signatur	re	

Name of Student

____has applied for grade____

To the Evaluator: Please complete both sides of this form and send to all requesting schools. Your comments will be held in strictest confidence. Thank you very much for your cooperation and assistance.

How long have you known the candidate and in what connection?

Antagonistic

Please list subject taught, including level of difficulty _____

Please list the textbook used, if applicable _

Academic Qualities			Personality Traits
	Intellectual curiosity	Written expression of ideas	
Academic ability	Strong and varied	Ideas and mechanics excellent	CIRCLE all the words that best
Outstanding	Good Good	Ideas good, mechanics good	describe the student
Good Good	An occasional spark	Ideas good, mechanics fair	
Average	Limited	Ideas fair, mechanics good	Aggressive
Below average		Ideas and mechanics poor	Anxious
	Ability to work with others		Articulate
Academic achievement	Always works well	Oral expression of ideas	Assertive
Outstanding	Usually effective	Exceptional	Cheerful
Good Good	Sometimes unable to cope	Good Good	Confident
Average	Has great difficulty in a group	Only when called on	Conscientious
Below average		Wants to dominate	Disobedient
-	Ability to work independently	Rarely contributes	Easily discouraged
Effort and drive	Always works alone		Follower
Outstanding	Needs help occasionally	Seeks help when needed	Helpful
Good Good	Needs help frequently	Always	Honest
Sporadic	Requires supervision	Sometimes	Influential Irritable
Occasional		Never	
	Concentration	Uses Suggestions	Manipulative Motivated
Study habits	Exceptional	Always	Negative leader
Well organized	Usually good		Over-protected
Organized	Occasionally distracted	Sometimes	Passive aggressive
Easily distracted	Easily distracted	Rarely	Perfectionist
Poor			Positive leader
			Responsible
Personal Qualities		o. //	Self-centered
	Social adjustments with peers	Self-confidence	Self-disciplined
Moturity	Healthy relationships	Has healthy self-image	Shy
Maturity	Occasional minor problems	Needs some support	Social
Very mature	Frequent minor problems	Appears overly confident	Vivacious
Appropriate	Relates poorly	Needs much reassurance	Well-liked
Somewhat immature	Sense of humor		
Very immature		Integrity	
		Very trustworthy	
Consideration of others	Good	Usually trustworthy	
Unusually thoughtful		Occasionally trustworthy	
Usually considerate	Humorless	Untrustworthy	
Rarely considerate		Conduct	
Selfish	Attitude of parents	Well-behaved	
	Cooperative		
		Usually obeys rules	
	Overly protective	Occasionally misbehaves	(continues)

Frequently misbehaves

Please comment on each of the following regarding this child. Attach a separate page for additional comments.

Academic Strengths and Weaknesses. Comment concerning writing ability, math skills or other skills appropriate to your subject area will be particularly helpful. Consider such categories as effort, curiosity, motivation, achievement in relation to potential, class participation, and homework preparation.

Emotional Maturity: self-confidence, respect for limits and routine, compliance, ability to make transitions, and response to frustration.

Personal Qualities: leadership, honesty, responsibility, concern for others, and sense of humor.

Overall Rating						
	Outstanding	Good	Average	With reservations		
As a student						
As a person						
Overall						
s there anything else	the school should know a	as this student is consid	ered for admission?			
Do you have any add	litional information that ma	ay be helpful in our eval	uation of this student?			
			N1.			
May we contact you f	or further information?	Yes	No			
FEACHER'S NAME						
POSITION			SCHOOLNAME			
SCHOOL ADDRESS			CITY	STATE	ZIP	
ELEPHONE			E-MAIL			
SIGNATURE	DATE					

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Thank you for taking the time to complete this evaluation. Please send a copy to the school, and keep an original for your records.

Mail directly to: Girard College | Office of Enrollment Management | 2101 South College Avenue, Philadelphia, PA 19121 www.girardcollege.edu admissions@girardcollege.edu