



RECOMMENDATION FORM

TO THE APPLICANT:

Applicant's Name: _____ Applying for Grade/ Year: _____

Instructions: Give one recommendation form each to any two of the following people in your school: the Principal, Prefect of Discipline, Guidance Counselor, or Class Adviser. Preferably a person who knows you well enough to make a well founded recommendation.

TO THE SCHOOL REPRESENTATIVE:

Person Completing the Form: _____ Designation: _____

Name and Address of School: _____

Phone: _____

Instructions: We appreciate the time taken to complete the Recommendation Form for this applicant to Southridge School. Your honest response will facilitate an appropriate evaluation of his application. The information you submit will be considered confidential.

PRELIMINARY INFORMATION:

How long have you know the applicant and in what capacity?

What are the first few words that come to mind to describe the applicant?

Please indicate overall rank

in class: Top 10% Top 25% Middle 50% Lower 25%

Has the applicant received disciplinary action in your school? NO YES _____ Detention
_____ Suspension
Others: _____

If yes, reason for disciplinary action: _____

We would appreciate any additional information/comment that may help our school make an informed decision on the application of the student.

ACADEMIC QUALITIES: Please rate the applicant in terms of the following academic qualities:

Qualities	Outstanding	Above Average	Average	Below Average	Comments
Study Habits					
General Aptitude					
Motivation					
Intellectual Curiosity					
Ability to Work Independently					
Problem Solving Skills					
Critical and Abstract Thinking Skills					
Ability to Work Creatively					
Ability to Organize and Communicate Ideas					

PERSONAL QUALITIES: Please rate the applicant in terms of the following personal qualities:

Qualities	Outstanding	Above Average	Average	Below Average	Comments
Leadership					
Peer Relationships					
Sense of Humor					
Creativity					
Positive Reaction to Criticism					
Self-Confidence					
Integrity					
Taking Responsibility for Own Actions					
Involvement in Activities Outside the Classroom					

PARENTAL INVOLVEMENT:

Very Involved

Usually Involved

Rarely Involved

Not Involved

OVERALL RECOMMENDATION:

Highly Recommended

Recommended with Reservations

Recommended

Not Recommended

Signature: _____ Date: _____

*After completion, please return the form to the applicant in a sealed envelope with your signature on the flap and address to **The Registrar, PAREF Southridge School**. Thank you.*