



## CONFIDENTIAL STUDENT RECOMMENDATION – ELEMENTARY

Name of Student: \_\_\_\_\_ Applying for:      Lower EI      Upper EI

How long have you known the applicant? \_\_\_\_\_ What courses do/did you teach him/her? \_\_\_\_\_

What is / was your relationship with the student?

\_\_\_\_\_ Current Teacher      \_\_\_\_\_ Former Teacher      \_\_\_\_\_ Principal      \_\_\_\_\_ Other : \_\_\_\_\_

What are the first words that come to mind in describing this student?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are his/her special interests?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For the following items, please mark one or more responses. You may adjust the placement of the check mark to the left or right within a given section to indicate gradations in your evaluation.

	Excellent	Good	Fair	Poor
<b>Conduct</b>				
<b>Consideration of others</b>				
<b>Social relationships with peers</b>				
<b>Leadership ability</b>				
<b>Emotional maturity</b>				
<b>Self-confidence</b>				
<b>Sense of humor</b>				
<b>Integrity</b>				
<b>Sense of responsibility</b>				
<b>Relationships with adults</b>				
<b>Participation in extra-curricular activities</b>				
<b>Self-motivation</b>				
<b>Organization of time and work</b>				
<b>Intellectual curiosity</b>				
<b>Attention span</b>				
<b>Ability to express ideas orally</b>				
<b>Ability to follow directions</b>				
<b>Ability to work in a group</b>				
<b>Ability to work independently</b>				
<b>Perseverance</b>				

*We appreciate additional comments or observations concerning the strengths, weaknesses, health, or special needs of this student, or any other information you think would be helpful. Please use this space, a separate sheet of paper or the back of this sheet for further comments in any category. Thank you for your time.*

Individual completing this form: \_\_\_\_\_

School Name: (if applicable) \_\_\_\_\_ Email (optional) \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_