



**EPISCOPAL**  
COLLEGIATE SCHOOL

**CONFIDENTIAL**  
**RECOMMENDATION FORM**  
**GRADES 6-12**

\_\_\_\_\_ is applying for admission to the \_\_\_\_\_ grade for the \_\_\_\_\_ academic year at Episcopal Collegiate School. The Admission Committee would appreciate your cooperation in giving as full an appraisal as possible for this student. These comments are especially helpful in assisting our faculty in meeting this student's needs. All information will be held confidential. Please complete this form front and back and return in the enclosed, return envelope.

1. In what capacity have you worked with this student? \_\_\_\_\_
2. How long have you known this student? \_\_\_\_\_
3. Would this student be permitted to re-enroll in your school? Yes (  ) No (  )
4. Given the opportunity, were the applicant's parents supportive in your classroom and school program?  
Yes (  ) No (  )
5. Is English his/her primary language? Yes (  ) No (  )
6. Please circle the number you feel most appropriately describes this student in each of these areas:

	Poor (1)	Below Average (2)	Average (3)	Good (4)	Excellent (5)
<i>Personal and Social Traits</i>					
Independence	1	2	3	4	5
Cooperation with peers	1	2	3	4	5
Cooperation with adults	1	2	3	4	5
Self-control	1	2	3	4	5
Motivation	1	2	3	4	5
Leadership	1	2	3	4	5
Responsibility	1	2	3	4	5
Honesty	1	2	3	4	5
Emotional maturity	1	2	3	4	5
Creative qualities	1	2	3	4	5
Self-confidence	1	2	3	4	5
Concern for others	1	2	3	4	5
Respect for others	1	2	3	4	5
<i>Academic Readiness</i>					
Attention span	1	2	3	4	5
Follows directions	1	2	3	4	5
Study habits	1	2	3	4	5
Language development	1	2	3	4	5
Math achievement/concrete	1	2	3	4	5
Math achievement/abstract	1	2	3	4	5
Reading level/oral	1	2	3	4	5
Reading level/comprehension	1	2	3	4	5
Composition skills	1	2	3	4	5
Spelling ability	1	2	3	4	5
Fine motor skills	1	2	3	4	5
Memory and retention	1	2	3	4	5
Attitude toward school	1	2	3	4	5
Summary as a student	1	2	3	4	5

Please make a short comment on the following:

1. Has professional evaluation or support been recommended? Yes ( ) No ( ) Been given? Yes ( ) No ( )  
Are modifications being made for this student? Yes ( ) No ( ) If yes to any question, please elaborate.

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2. Attendance: \_\_\_\_\_

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3. Student's strengths: \_\_\_\_\_

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4. Student's weaknesses: \_\_\_\_\_

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5. Additional comments: \_\_\_\_\_

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\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Position*

\_\_\_\_\_  
*Name of School*

\_\_\_\_\_  
*School Telephone*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*School Fax*

\_\_\_\_\_  
*City, State, Zip*

Thank you for your time and effort in completing this assessment. If you have any questions or need further assistance, please call (501) 372-1194.

**Admission Office  
Episcopal Collegiate School  
1701 Cantrell Road  
Little Rock, AR 72201  
Fax (501) 372-2160**