



Friends Select School

(Suggested range of use:)

Applicants to GRADES 1 - 8

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 Signature _____

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? _____

Please list subject taught, including level of difficulty _____

Please list the textbook(s) used, if applicable _____

Table with 5 columns: Skill/Subject, Exceeds age expectations, Age appropriate, Needs development, No basis for judgment. Rows include Attention skills, Original thinking, Self-motivation, Ability to work independently, Follows directions, Seeks help when needed, Works well cooperatively, Study habits, Willingness to take risks, Participation in class discussion, Fine motor development, LISTENING, READING, WRITING, and SPEAKING.

Please comment on each of the following regarding this child

Academic strengths and weaknesses: effort, curiosity, motivation, achievement in relation to potential, class participation and homework preparation

Learning style: auditory processing, visual processing, memory, application of learned skills, distractibility, working pace _____

Social skills: cooperation with peers, interaction with adults, respect for others, awareness of social cues _____

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

Personal qualities: leadership, honesty, responsibility, concern for others, sense of humor _____

To your knowledge, are the parents in agreement with your view of the student? Yes No Don't know

Is there anything else that the schools should know as this student is considered for admission? _____

Do you have any additional information that may be helpful in our evaluation of this student? _____

May we contact you for further information? Yes No

TEACHER'S NAME

POSITION

SCHOOL NAME

SCHOOL ADDRESS

TELEPHONE

E-MAIL

SIGNATURE

DATE

Thank you for taking the time to complete this evaluation. Please send directly to Friends Select:

by fax (preferred): 215-864-2979
by email (preferred): deandraw@friends-select.org
by mail: Admission Office
Friends Select School
1651 Benjamin Franklin Parkway
Philadelphia PA 19103-1284