

# LOWER SCHOOL RECOMMENDATION FORM

for students applying to third, fourth, or fifth grade

Applicant's Name \_\_\_\_\_ Applying to  Third Grade  Fourth Grade  Fifth Grade

**To the parents:** Please complete the above lines, then give this form to the appropriate teacher at your child's current school. Provide that person with a stamped envelope addressed to: Director of Admission, Rowland Hall, 720 Guardsman Way, Salt Lake City, Utah, 84108.

**To the teacher/caregiver:** The student named above is applying for admission to Rowland Hall. Your comments and evaluation of the child will be helpful to us in reaching an admission decision; however, they will be reviewed with the full awareness that children are continuously developing. The information submitted will be considered confidential and will not become part of the student's permanent school records.

## ACADEMIC EVALUATION

	Outstanding	Very Strong	Average	Needs Development
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express ideas orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contribution to group discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematical conceptual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completion of tasks in timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort/motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits/effective use of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

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## SOCIAL/EMOTIONAL DEVELOPMENT

	Outstanding	Very Strong	Average	Needs Development
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects classroom routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to try new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriately independent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct outside of the classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes responsibility for own actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toleration of frustration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

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continued on back



PLEASE COMMENT ON EACH OF THE FOLLOWING REGARDING THIS APPLICANT

1. List the first four words that come to mind when you think of this student. \_\_\_\_\_  
\_\_\_\_\_
2. What are this child's specific academic strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What are this student's greatest challenges? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Can you comment on this student's demonstrated excitement for learning? Reading for pleasure? Sense of humor? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Does this student have any special talents? Any activities or hobbies in which he or she participates? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What is this student's greatest contribution to your classroom? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. How does this student express anger or frustration? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Describe this student's parents' involvement in the school. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Are parental expectations of their child reasonable? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Please give any additional information that would be helpful to us in forming a complete picture of the student \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you known this student? \_\_\_\_\_

Your relationship to the child \_\_\_\_\_ School/Program \_\_\_\_\_ Grade Level \_\_\_\_\_

Your name \_\_\_\_\_

Home mailing address \_\_\_\_\_  
street city state zip

Best email or phone number to contact you for further information \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for taking the time to thoughtfully evaluate this student.