CHESAPEAKE ACADEMY RECOMMENDATION FORM Grade One to Eight

CONFIDENTIAL (please print or type information)

Full Name of Child								
ruii Name of Child	(first)	(middle)	(last)					
Applying for School	/ear							
Please check the inc	coming grade:							
Lower School: Middle School:	Grade 1 Grade 5	☐ Grade 2 ☐ Grade 6	Grade 3 Grade 7	☐ Grade 4 ☐ Grade 8				
Name of Individual S	ubmitting Recommendat	ion						
Position of Individual	Submitting Recommend	ation						
Present School	resent School Phone Number							
What is the length of	time you have worked w	ith this applicant?						
Signature	Signature Date							
The items below ask relationships within the know that all remarks in completing this for	ne school community. We will be kept in the stricte	ident's emotional and soci e understand the difficulty est of confidence, and tha maturity	in making such an eval	uation, and please				
	: Habits: Industry, initiat ependently and within a g	ive, organization, complet group	ion of tasks on time, atte	ention in class,				
3. Academic Aptitu	ude and Achievement	: Writing fluency, math/sc	ience reasoning, analyti	cal thinking skills				

4. Personal Qualities: Manners, I	eadership, sens	e of humor, re	elationships wi	th peers and	adults		
5. Character: Integrity, responsibil	ity, respect for o	others, depen	dability				
6. Strengths and Weaknesses:	List any not add	dressed above	e				
7. Character Description: Words	s that come to n	nind when de	scribing this st	udent			
Summary Rating: Please circle of	one						
As a student, this applicant is:	Excellent	Good	Fair	Poor			
As a person, this applicant is:	Excellent	Good	Fair	Poor			
Other (If answering "yes" to the qu	estions below, p	olease elabora	ate on a separa	ate sheet of p	paper.)		
Has the applicant been evaluated for	Yes	No	Unsure				
Is the applicant currently on medica	tion or has prev	iously been o	n medication?		Yes	No	Unsure
	PLEASE RE	TURN THIS	S FORM TO	_			

Hilary Scott, Director of Admissions Chesapeake Academy

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