

## Recommendation Form - Grades 1-5

**Confidential**

Name of applicant: \_\_\_\_\_ Grade applying: \_\_\_\_\_

School name and address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_ Web site: \_\_\_\_\_

The student named above has applied to Louisville Collegiate School. Your honest evaluation of the applicant will be helpful to the Admission Committee. Please complete this form and send the original to Collegiate or FAX directly to the school 502.479.0393. You may keep a copy for your own records.

Your comments will be held in the strictest confidence. Thank you very much for your assistance.

**Please evaluate the applicant in the following areas. Circle the number that best applies in each category.**

<b>Academic development</b>	<b>Weak</b>	<b>Fair</b>	<b>Good</b>	<b>Excellent</b>	<b>Exceptional</b>
Attention span	1	2	3	4	5
Motivation	1	2	3	4	5
Study habits	1	2	3	4	5
Quality of work	1	2	3	4	5
Contributions to group	1	2	3	4	5
Achievement relative to potential	1	2	3	4	5

**Please answer the following if applicable:**

<b>Reading:</b>	Decoding skills	1	2	3	4	5
	Comprehension	1	2	3	4	5
<b>Math:</b>	Computation	1	2	3	4	5
	Conceptualization	1	2	3	4	5
	Problem Solving	1	2	3	4	5
<b>Language:</b>	Comprehension	1	2	3	4	5
	Follows directions	1	2	3	4	5
	Oral expression	1	2	3	4	5
	Written expression	1	2	3	4	5
	Vocabulary	1	2	3	4	5

<b>Social/emotional development</b>	<b>Weak</b>	<b>Fair</b>	<b>Good</b>	<b>Excellent</b>	<b>Exceptional</b>
Level of maturity	1	2	3	4	5
Relationship with peers	1	2	3	4	5
Relationship with adults	1	2	3	4	5
Relationship with parents	1	2	3	4	5
Adaptability	1	2	3	4	5
Sense of humor	1	2	3	4	5
Curiosity	1	2	3	4	5
Imagination and creativity	1	2	3	4	5
Self-confidence	1	2	3	4	5
Conduct	1	2	3	4	5

### Please comment

1. What adjectives come to mind to describe this applicant? \_\_\_\_\_

\_\_\_\_\_

2. Emotional development (self-image, acceptance of limits/routines, ability to make transitions, tolerance of frustration): \_\_\_\_\_

\_\_\_\_\_

3. Social maturity (cooperation, respect for the rights of others, willingness to share, acceptance of constructive criticism): \_\_\_\_\_

\_\_\_\_\_

4. Personal qualities (leadership, character, honesty, sense of humor, responsibility, concern of others): \_\_\_\_\_

\_\_\_\_\_

5. Academic development: please define areas of academic strength and weakness and comment on their nature and extent:

\_\_\_\_\_

6. Special interests or talents: \_\_\_\_\_

7. Parent cooperation and involvement \_\_\_\_\_

\_\_\_\_\_

8. To your knowledge, is the parents' perception of their child compatible with the school's understanding of the child? \_\_\_\_\_

\_\_\_\_\_

9. To your knowledge has the child received any outside educational testing? \_\_\_\_\_

10. To your knowledge has the child received speech therapy? \_\_\_\_\_ Occupational therapy \_\_\_\_\_

11. To your knowledge, has the applicant ever been subject to any disciplinary action in any school setting? \_\_\_\_ If so what was the disciplinary action and the circumstances surrounding this action? (please include any in-school and out of school suspensions as well as expulsions. \_\_\_\_\_

\_\_\_\_\_

Comments or other information you believe might be helpful: \_\_\_\_\_

\_\_\_\_\_

### In relation to students of the same age you have known and using the scale below, how would you rate the candidate?

	Weak	Fair	Good	Excellent	Exceptional
For academic promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For character/personal promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check here if you wish to discuss this candidate by telephone: ☐ Best time to call \_\_\_\_\_

Name (please print) \_\_\_\_\_ Position \_\_\_\_\_

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

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

RETURN TO ADMISSION OFFICE, LOUISVILLE COLLEGIATE SCHOOL, 2427 GLENMARY AVENUE, LOUISVILLE, KY 40204  
EMAIL: ADMISSION@LOUCOL.COM OR FAX: 502.479.0393, ATTENTION: ADMISSION OFFICE.

LOUISVILLE COLLEGIATE SCHOOL ADMITS STUDENTS OF ANY RACE, RELIGION, COLOR, OR NATIONAL OR ETHNIC ORIGIN,  
AND DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RACE, COLOR, OR NATIONAL OR ETHNIC ORIGIN.