



STUDENT: Please print your name below and give this form to your current Guidance Counselor with an envelope.

Name of Student

Applicant for Grade

COUNSELOR This student recommendation will remain confidential and will not become part of the student's permanent record. When you have completed it, please send it to Clark School in a sealed envelope provided by the student. Thank you for your cooperation and candor.

Name of Teacher

School

School Address

How long have you known the student?

What words would you use to describe him or her?

Please discuss your relationship to this student and how often you have met with him or her.

Discuss this student's performance in relation to his or her ability.

Describe this student's class participation and working relationship with other students and with adults.

What are the student's strengths, both as a student and a person?

In what areas does this student need improvement, both as a student and a person?

Is there a problem with conduct, tardiness or absence? If so, please explain.

Please assess the student in the following areas:

One of the top few

Excellent
Good

Average

Below Avg

Academic Potential					
Academic Achievement					
Intellectual Curiosity					
Intellectual Curiosity					
Effort/Determination					
Ability to Work Independently					
Organization					
Creativity					
Willingness to Take Intellectual Risks					
Concern for Others					
Honesty/Integrity					
Self-esteem					
Maturity (relative to age)					
Responsibility					
Respect Accorded by Faculty					
Respect Accorded by Peers					
Emotional Stability					
Overall Evaluation as a Person					
Overall Evaluation as a Student					

Please comment on this student's character and personality.

Is there any indication that this student may have special or unique learning needs?

To your knowledge, is the parent's perception of their child compatible with the school's understanding of the child?

Is there any other information that would be helpful to us in evaluating the ability of this student to perform at Clark School?

TEACHER SIGNATURE

DAYTIME PHONE

EMAIL

Thank you for taking the time to complete this evaluation.

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