

Name of Applicant _____ Grade _____

To the Parent or Guardian:

I request that this recommendation form be sent to Berkshire Country Day School with the understanding that it will be used for admission purposes. I understand that I may not read this recommendation and agree that I will not seek to do so, either while my child is enrolled at BCD or subsequently.

Parent signature _____ Date _____

To the English teacher:

Please complete this form and return it to the Director of Admission at Berkshire Country Day School. Your insights and evaluation are extremely valuable. If you would prefer to write a letter addressing English skills, academic performance, and personal qualities, please attach it to your evaluation. Thank you for your time and help.

What are the first words you use to describe this student?

Please evaluate the applicant's performance:		below grade level	consistent with grade level	above grade level
Vocabulary	Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	Speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Capacity for drawing inferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ability to move from literal to figurative interpretations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	Sentence structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Clarity of style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ability to organize ideas in a logical sequence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Punctuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ability to articulate analytical ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please discuss the student's overall performance in relation to his or her ability.

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

Describe the student's class participation and working relationship with adults.

Academic and Personal Qualities

	Outstanding	Good	Average	poor
Organization of time and work	<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"/>
Ability to work alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic ability	<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/drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consideration for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity for age/grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to seek help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to use suggestions or corrections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude of the parents	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Overly protective	<input type="checkbox"/> Antagonistic

Please provide us with any additional information which might be helpful in our evaluation of this student.

I would welcome a call from Berkshire Country Day School. I have known this candidate for ____ months ____ years.

List in what context you have known the candidate and the courses you have taught him or her. Please include the level of course difficulty (i.e. regular, accelerated).

Context _____

Courses _____

Print Name _____

Signature _____ Date _____

School _____

School Address _____ School Telephone _____

Return to: Director of Admission, Berkshire Country Day School