

Candidate's Name \_\_\_\_\_ Current Grade \_\_\_\_\_

**TO THE PARENT**

Give this form to the applicant's teacher with a stamped envelope addressed to  
Office of Admission • Doane Academy • 350 Riverbank • Burlington, NJ 08016

Please read and sign the following statement. **I hereby waive my right to access this recommendation submitted on behalf of the applicant**

Name of Parent \_\_\_\_\_ Signature \_\_\_\_\_

**TO THE TEACHER**

The student whose name appears above is a candidate for admission to Doane Academy an independent, Episcopal, college preparatory day school. The Admission Committee is in the process of determining the appropriateness of our school program for the above named applicant. Your assistance with this assessment is very important and would be greatly appreciated. The rating and remarks included on this form are confidential and will only be read by the Admissions Committee.

**Please be sure the parent has signed the form in the above space. Please comment on each of the following regarding this applicant.**

Excluding academics, how would you describe the applicant? \_\_\_\_\_

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How does the applicant interact with his or her peers? \_\_\_\_\_

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What are the applicant's strengths, unique talents, or interests? \_\_\_\_\_

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Are there any significant weaknesses or problems which we should be aware? \_\_\_\_\_

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Please comment on the student's academic achievement in relation to his or her ability. \_\_\_\_\_

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Compared to other students who you have taught at this grade level, how you would rate this student. Please circle the rating.

## ACADEMICS

	weak	fair	good	excellent	exceptional
Motivation	1	2	3	4	5
Analytical skills	1	2	3	4	5
Verbal skills	1	2	3	4	5
Written skills	1	2	3	4	5
Study habits	1	2	3	4	5
Organization	1	2	3	4	5
Creativity	1	2	3	4	5
Intellectual aptitude	1	2	3	4	5
Intellectual curiosity	1	2	3	4	5
Attention span	1	2	3	4	5
Ability to work with others	1	2	3	4	5
Ability to work independently	1	2	3	4	5

## CHARACTER

	weak	fair	good	excellent	exceptional
Self-confidence	1	2	3	4	5
Leadership skills	1	2	3	4	5
Integrity	1	2	3	4	5
Motivation/ Initiative	1	2	3	4	5
Maturity	1	2	3	4	5
Respect for peers	1	2	3	4	5
Respect for parents	1	2	3	4	5
Respect for faculty	1	2	3	4	5
Sense of right/wrong (conscience)	1	2	3	4	5

## PERSONALITY TRAITS

Check all that distinguish this applicant.

- |                                     |   |                                       |   |   |
|-------------------------------------|---|---------------------------------------|---|---|
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Confident          | <input type="checkbox"/> Helpful      | <input type="checkbox"/> Motivated          | <input type="checkbox"/> Responsible      |
| <input type="checkbox"/> Anxious    | <input type="checkbox"/> Conscientious      | <input type="checkbox"/> Honest       | <input type="checkbox"/> Over protected     | <input type="checkbox"/> Self-centered    |
| <input type="checkbox"/> Out Spoken | <input type="checkbox"/> Disobedient        | <input type="checkbox"/> Influential  | <input type="checkbox"/> Passive/aggressive | <input type="checkbox"/> Self-disciplined |
| <input type="checkbox"/> Curious    | <input type="checkbox"/> Easily discouraged | <input type="checkbox"/> Irritable    | <input type="checkbox"/> Perfectionist      | <input type="checkbox"/> Shy              |
| <input type="checkbox"/> Cheerful   | <input type="checkbox"/> Follower           | <input type="checkbox"/> Manipulative | <input type="checkbox"/> Positive leader    | <input type="checkbox"/> Sense of Humor   |
| <input type="checkbox"/> Creative   | <input type="checkbox"/> Well liked         | <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Negative leader    | <input type="checkbox"/> other _____      |

We welcome any other information that you think would be helpful. Please include comments concerning strengths, weaknesses, health or any special needs or concerns you have regarding this child and/or the family. Use a separate sheet of paper for further comments in any category.

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

Evaluator's Name \_\_\_\_\_ Title \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_  
street city state zip

School's Phone Number \_\_\_\_\_ May we contact you regarding this applicant?  Yes  No

How long have you known the applicant? \_\_\_\_\_ In what capacities? \_\_\_\_\_