

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 child.

Physical development (general health and well-being) _____

Intellectual development (attention span, language development, visual and auditory discrimination) _____

Social development (interaction patterns, peer relationships, adult support needed) _____

Emotional development (personality characteristics, self-image, self-control) _____

What are this child's particular strengths, unique talents or interests? _____

Are there any significant weaknesses or problems for which we should prepare? _____

To your knowledge has this child ever had an evaluation by an outside educational or psychological professional? _____

In relation to other students in the applicant's age group, please rate the candidate in the following areas.

Skill Development

| | secure | developing | beginning | needs work |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Is attentive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Listens in a group | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Contributes to discussion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Follows directions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Works cooperatively | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Completes tasks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can focus on one task | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respects classroom routine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Moves easily from task to task | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is willing to try new activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exhibits problem solving abilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Expresses ideas clearly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Social/Emotional Development

| | | | | |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Is supportive of peers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is comfortable with adults | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Works well independently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperates in classroom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperates at play | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Initiates play activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shares well | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is imaginative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is curious | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responds positively to criticism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the capacity to lead | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the capacity to follow | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uses materials purposefully | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Physical Development

| | | | | |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Small muscle control and coordination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Large muscle control and coordination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech development (articulation) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 about 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? _____