

Student Name Current Grade

To the Parent/Guardian: Please forward this form to your child's current teacher and complete the Transcript Release form to be given to your child's school office.

To Current Teacher: This report will be held in strictest confidence and no details will be shared with the family nor will this information become part of the student's permanent file. Please complete and mail, email, or fax this form to:

Fax:

Email: Mail: Chatham Day School admissions@chathamdayschool.org 973-410-0401 Attn: Office of Admission 700 Shunpike Road

WORK HABITS	Exceeds Expectations	Age Appropriate	Needs Development
Attentive			
Asks good questions			
Focuses on task			
Works independently			
Completes tasks			
Shows interest			
Demonstrates Creativity			

SOCIAL/EMOTIONAL	Exceeds Expectations	Age Appropriate	Needs Development
Follows directions			_
Cooperative attitude			
Able to share			
Show self-esteem			
Accepts responsibility			
Accepts criticism			
Transitions easily			
Seeks/accepts help			
Helps others			

Areas of Strength (check all that apply)

Chatham, NJ 07928

□Verbal expression □ Reading □Written expression \square Mathematics □Social Studies □Science □Physical activities/sports □Artistic expression □Musical expression □Handwriting □Interpersonal skills □Organizational skills

RECOMMENDATION FORM

What are the first three words that come	e to mind to best describe this child?
What are this student's academic strengt	ths and weaknesses?
What are this student's social strengths a	and weaknesses both in and out of the classroom?
Does this applicant demonstrate respect	for adults? For peers?
Has this student been referred for educa	ational testing?
Please tell us about this child's parental	cooperation and involvement.
Is this student often tardy or absent?	
Additional comments?	
Name of School:	
Name of Teacher:	Position:
How long have you known the student?	
Telephone	Email:
Signature:	Date: