



CHATHAM DAY SCHOOL

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. To ensure confidentiality, please complete and mail this form directly to:

Chatham Day School
Office of Admission
700 Shunpike Road
Chatham, NJ 07928

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)

- Reading
- Mathematics
- Physical activities/sports
- Handwriting

- Written expression
- Science
- Artistic expression
- Interpersonal skills

- Verbal expression
- Social Studies
- Musical expression
- Organizational skills

Recommendation form

RECOMMENDATION FORM

What are the first three words that come to mind to best describe this child?

What are this student's academic strengths and weaknesses?

What are this student's social strengths and weaknesses both in and out of the classroom?

Does this applicant demonstrate respect for adults? For peers?

Has this student been referred for educational 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:
