



# ASHLEY HALL

FOUNDED 1909

## Administrator Recommendation

*For students applying for grades 6 – 12*

Student's Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**To Parents:**

This confidential assessment form is to be completed by your daughter's current or most recent classroom teacher. The Admission Committee cannot make a decision until this form has been received directly from the teacher. The information provided is held in the strictest confidence and will be used solely for the admission process. It will not become part of the student's permanent record.

I/We authorize the release of my/our daughter's recommendation as requested by the Admission Office at Ashley Hall. I/We will not seek access to confidential recommendation and evaluation materials before, during or after the admission decision is made.

Signature of Parent/Legal Guardian

\_\_\_\_\_ Date \_\_\_\_\_

Administrator Name \_\_\_\_\_ Position \_\_\_\_\_

School \_\_\_\_\_ School Phone \_\_\_\_\_

Known Student Since \_\_\_\_\_ In what context? \_\_\_\_\_  
M / Year

	Below Average	Average	Above Average	Outstanding
Academic potential				
Academic achievement				
Attitude toward academics				
Organizational skills				
Abides by school rules				
Peer relations				
Cooperates with faculty				
Integrity				
Family support for school				
Family financial responsibility				

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

Thank you for completing this evaluation! Please return this form directly to

[admission@ashleyhall.org](mailto:admission@ashleyhall.org) OR  
Ashley Hall Admission Office  
172 Rutledge Ave  
Charleston, SC 29403  
(843) 965-8501

Would you like a call from a member of our Admission Committee?  
\_\_\_\_\_ Yes\* \_\_\_\_\_ If Needed \_\_\_\_\_ No

\*Preferred contact number \_\_\_\_\_