



ASHLEY HALL

FOUNDED 1909

Classroom Teacher Recommendation

For students applying to grades 1 - 5

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 _____

Teacher's Name _____ Date _____

School _____ School Phone _____

	Below Average	Average	Above Average	Outstanding
Academic ability				
Academic achievement				
Self-motivation				
Effort				
Study habits				
Intellectual curiosity				
Ability to work in group				
Ability to work independently				
Participation in discussion				
Reads for pleasure				
Reading comprehension skills				
Ability to express ideas in writing				
Ability to express ideas orally				
Computation skills				
Ability to grasp abstract concepts				
Follows directions				
Attention span				
Honesty / Integrity				
Sense of Responsibility				
Leadership Skills				
Peer Relations				

Circle the words that may help describe this applicant.

passive	happy	disciplined	sullen	easily discouraged
sociable	disobedient	forthright	talented	influential (unwholesome)
shy	aggressive	stubborn	creative	perfectionist
poised	indulged	irritable	self-centered	imaginative
persistent	anxious	well-liked	well-behaved	impulsive
organized	polite	motivated	assertive	inquisitive

Please supply any additional information that will help us learn more about this candidate, in particular noting exceptional strengths, weaknesses, or whether you have had to make adjustments to your program to accommodate this child.

Please characterize the parent cooperation and support for this child's school experience. Do the parent goals seem realistic for the child?

Would you like a call from a member of our Admission Committee?

No _____ If Needed _____ Yes* _____ *Preferred contact number _____

Signature _____ Date _____

Thank you for completing this evaluation! Please return this form directly to
admission@ashleyhall.org

OR

Ashley Hall Admission Office
172 Rutledge Ave
Charleston, SC 29403

If you have any questions, please feel free to contact us at (843) 965-8501 or admission@ashleyhall.org.