

**Application for Admission  
Guidance Counselor  
Recommendation**



**CLARK**  
HIGH SCHOOL

**STUDENT:** Please print your name below and give this form to your current Guidance Counselor with an envelope.

---

**Name of Student** **Applicant for Grade**

**COUNSELOR** This student recommendation will remain confidential and will not become part of the student's permanent record. When you have completed it, please send it to Clark School in a sealed envelope provided by the student. Thank you for your cooperation and candor.

---

**Name of Teacher** **School**

---

**School Address**

---

**How long have you known the student?**

---

**What words would you use to describe him or her?**

**Please discuss your relationship to this student and how often you have met with him or her.**

---

---

---

**Discuss this student's performance in relation to his or her ability.**

---

---

---

**Describe this student's class participation and working relationship with other students and with adults.**

---

---

---

**What are the student's strengths, both as a student and a person?**

**In what areas does this student need improvement, both as a student and a person?**

**Is there a problem with conduct, tardiness or absence? If so, please explain.**

**Please assess the student in the following areas:**

One of the top few

Excellent  
Good

Average

Below Avg

	<u>One of the top few</u>	<u>Excellent</u> <u>Good</u>	<u>Average</u>	<u>Below Avg</u>	
Academic Potential					
Academic Achievement					
Intellectual Curiosity					
Intellectual Curiosity					
Effort/Determination					
Ability to Work Independently					
Organization					
Creativity					
Willingness to Take Intellectual Risks					
Concern for Others					
Honesty/Integrity					
Self-esteem					
Maturity (relative to age)					
Responsibility					
Respect Accorded by Faculty					
Respect Accorded by Peers					
Emotional Stability					
Overall Evaluation as a Person					
Overall Evaluation as a Student					

**Please comment on this student's character and personality.**

**Is there any indication that this student may have special or unique learning needs?**

**To your knowledge, is the parent's perception of their child compatible with the school's understanding of the child?**

**Is there any other information that would be helpful to us in evaluating the ability of this student to perform at Clark School?**

---

**TEACHER SIGNATURE**

**DAYTIME PHONE**

**EMAIL**

*Thank you for taking the time to complete this evaluation.*

**14 Forest Ridge Drive, Rowley, MA 01969 | 978-777-4699 | [clarkschool.com](http://clarkschool.com)**