

K-8 CONFIDENTIAL RECOMMENDATION

I give my permission for _____ to complete this Recommendation Form for my child, _____, and release all transcripts to **Linton Hall School, 9535 Linton Hall Road, Bristow, VA 20136**. Fax: 703-368-3036. Email: lhs@lintonhall.edu

Signature of Parent/Guardian _____

Date _____

Student's Full Name		Name of School	
Grade	Your name	Title	Relationship to Student
<input type="radio"/> Very strongly recommend	<input type="radio"/> Confidently recommend	<input type="radio"/> Recommend w/reservation	<input type="radio"/> Do not recommend

Please respond to the criteria using the following rating scale.	Excellent	Very Good	Average	Below Average	Poor
Academic achievement	5	4	3	2	1
Relationships with adults	5	4	3	2	1
Relationships with peers	5	4	3	2	1
Effort / Initiative toward learning	5	4	3	2	1
Study habits / Time management	5	4	3	2	1
Intellectual curiosity	5	4	3	2	1
Attention span	5	4	3	2	1
Commitment to schoolwork	5	4	3	2	1
Ability to follow directions	5	4	3	2	1
Works well with groups	5	4	3	2	1
Works well independently	5	4	3	2	1
Ability to express ideas orally	5	4	3	2	1
Behavior	5	4	3	2	1
Leadership ability	5	4	3	2	1
Attendance Record	5	4	3	2	1
Tardy Record	5	4	3	2	1
Parent Involvement	5	4	3	2	1

Additional comments or concerns

Signature _____

Date _____