



**PRINCIPAL/HEAD/
GUIDANCE COUNSELOR
RECOMMENDATION FORM**

FORMAN SCHOOL
Office of Admission
12 Norfolk Road | P.O. Box 80
Litchfield, CT 06759-0080

Phone: 860.567.1802
Fax: 860.567.3501
admission@formanschool.org
www.formanschool.org

Applicant's name _____ Current Grade _____
FIRST MIDDLE LAST

Applicant's address _____
STREET

CITY STATE ZIP CODE COUNTRY

Name of current school _____

To the Parent/Guardian:

Please read and sign the statement below:

I acknowledge that I waive my right to read the confidential teacher recommendations and the school report for the student listed above.

Parent/Guardian name _____

Parent/Guardian signature _____ Date _____

To the Principal/Head/Guidance Counselor:

The student named above is a candidate for admission to Forman School, an independent boarding and day school for students with diagnosed language-based learning differences. Your recommendation is vital to the application process. We would appreciate your most candid and thoughtful responses.

Check the appropriate responses:

- Understanding of learning differences above average average below average poor
- Academic potential..... above average average below average poor
- Motivation..... above average average below average poor
- Ability to self-advocate above average average below average poor
- Honesty above average average below average poor
- Self-confidence above average average below average poor
- Self-discipline..... above average average below average poor
- Leadership..... above average average below average poor
- Concern for others..... above average average below average poor
- Maturity (relative to age)..... above average average below average poor
- Respect accorded by peers..... above average average below average poor
- Respect accorded by faculty above average average below average poor
- Response to criticism above average average below average poor
- Reaction to frustration..... above average average below average poor

What adjectives or phrases come to mind when describing this student? Please note strengths and weaknesses.

Principal/Head/Guidance Counselor Recommendation *(continued)*

What academic accommodations and services is the student currently receiving at your school?

Has the student had any disciplinary problems? If so, please explain.

How does the student react to rules and authority?

I recommend this student for admission to Forman School.

- Enthusiastically Without reservation With reservation Not at all

Thank you for taking your valuable time to complete this evaluation. The applicant has no access to admission records. The information you have provided is confidential.

Principal/Head/Guidance Counselor Information

Name _____ Position _____

How long have you known this applicant? _____

School address _____

Telephone _____ E-mail _____

Please sign this form below and email it to admission@formanschool.org or mail in a sealed envelope to: Office of Admission, Forman School, 12 Norfolk Road, P.O. Box 80, Litchfield, CT 06759-0080

Signature _____ Date _____

Forman School is an independent, coeducational college preparatory school serving students with learning differences. Forman School admits students of any race, color, sex, and national or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, nationality, ethnic origin, or any other characteristic protected by federal or state law in administration of its educational policies, admission policies, scholarships, athletic, and other school-administered programs.