

CONFIDENTIAL RECOMMENDATION FORM For Students Applying to Independent Schools Grades K-12

Name of Student	Current Grade
To the parent : The use of this form is optional. Your child's file will choose to use this form, please fill in your child's name and grade to w family friend or someone other than a relative who can comment on you	hich he/she is applying and give the form to a
To the person writing the recommendation: Thank you for taking the accept your recommendation with the knowledge that young childr constantly. Your comments will not be shared outside of the Admission The Salisbury School, Admissions Office, 6279 Hobbs Road, Salisbury,	ren's abilities are changing and developing ons Office. Please seal and mail this form to
Please comment on these items:	
I have known the applicant for years / months.	
My relationship has been that of	
1. What are the first words which come to mind to describe this child?	
2. What are the first words which come to mind to describe the child's	family?
3. What are the child's special interests?	
4. Please comment on the child's personality.	
5. Can you comment on the child's relationship to his/her parents?	

Please check the appropriate box for each item.

	Outstanding	Above Average	Average	Fair	Below Average	No Opportunity to Observe
Intellectual curiosity						
Imagination and						
creativity						
Ability to think and act						
independently						
Ability to play and work						
cooperatively						
Maturity in comparison						
to others of the same age						
Student's emotional						
stability						

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Signature	Date
Address	

Thank you for your time and thoughtful consideration of this applicant.

This form is endorsed by all AIMS (Association of Independent Maryland Schools) schools. For a complete list of member schools, please visit: www.aimsmd.org