



Applicant's Name: _____ Applying for Grade: _____
(Last) (First) (Middle)

To the teacher: The student whose name is listed above has submitted an Application to Highland School. A candid response is appreciated, as it will help the Admission Committee immensely. All comments are confidential. Thank you for your assistance.

I have known the Applicant for _____ year(s) _____ month(s). I am the _____ teacher.

What are the first words that come to mind to describe the Applicant?

The Applicant's reading skills are on a _____ grade level. The Applicant's math skills are on a _____ grade level.

Academic Traits	Excellent	Good	Fair	Poor
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of time/materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express ideas in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express ideas orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reads for pleasure Much Some Little Don't know

Other comments about the Applicant's academic traits: _____

Personality Traits

Conduct	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Usually good	<input type="checkbox"/> Occasional misconduct	<input type="checkbox"/> Frequent disruption
Leadership	<input type="checkbox"/> Much	<input type="checkbox"/> Some	<input type="checkbox"/> Little	
Citizenship	<input type="checkbox"/> Strong/Active	<input type="checkbox"/> Somewhat involved	<input type="checkbox"/> Little participation	
Social relations with peers	<input type="checkbox"/> Healthy relationship	<input type="checkbox"/> Occasional problems	<input type="checkbox"/> Relates poorly	
Emotional maturity/stability	<input type="checkbox"/> Very mature	<input type="checkbox"/> Average	<input type="checkbox"/> Immature	
Self-confidence	<input type="checkbox"/> Healthy self-image	<input type="checkbox"/> Needs some support	<input type="checkbox"/> Poor self-image	
Sense of humor	<input type="checkbox"/> Highly developed	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Poorly developed	
Integrity	<input type="checkbox"/> Very trustworthy	<input type="checkbox"/> Usually trustworthy	<input type="checkbox"/> Not trustworthy	
Sense of responsibility	<input type="checkbox"/> Very responsible	<input type="checkbox"/> Usually responsible	<input type="checkbox"/> Not responsible	
Interaction with teachers/adults	<input type="checkbox"/> Comfortable	<input type="checkbox"/> Uncomfortable	<input type="checkbox"/> Avoids contact	

Other comments about the Applicant's personality traits: _____



Has the Applicant been evaluated for any physical, emotional and/or academic reasons? Yes ___ No ___ Don't know ___

Is the Applicant currently on medication or has the Applicant previously been on medication? Yes ___ No ___ Don't know ___

Please explain any classroom accommodations the Applicant has received below.

Compared to other students, I would rate this student:

One of the top _____ Excellent _____ Above Average _____ Average _____ Below Average _____

Print Name: _____ Position: _____

Signature: _____ Date: _____

Current School: _____

School Address: _____

School Phone: (_____) _____ School Fax: (_____) _____

Please return to:

Highland School
Admission Office
597 Broadview Avenue
Warrenton, VA 20186
t: 540-878-2700
f: 540-878-2731
e: admission@highlandschool.org