



STUDENT RECOMMENDATION—GRADES 1-4

Please complete this form and return it to the Admissions Office at your earliest convenience.

St. Andrew's Episcopal School
Attention: Director of Admissions
1112 West 31st Street
Austin, Texas 78705

1. _____ has applied for admission to the _____ grade at St. Andrew's Episcopal School beginning in August _____.

2. PLEASE PLACE CHECK MARKS AT THE POINTS THAT REPRESENT YOUR EVALUATION of the student in comparison to other students in his or her age group whom you have taught. If you have no fair basis for judgment, please mark the last column.

	Superior	Good	Average	Fair	Poor	N/A
Attention Span						_____
Time on Task						_____
Independence						_____
Motor Skills (handwriting, etc.)						_____
Maturity						_____
Classroom Behavior						_____

3. COMMENTS ON THE ABOVE:

4. PLEASE COMMENT ON THE CANDIDATE'S STRENGTHS:

5. PLEASE COMMENT ON THE CANDIDATE'S GREATEST NEED FOR IMPROVEMENT:

(continued)

6. FURTHER REMARKS, including any circumstances concerning the family or other information, which would assist us in our admissions process.

7. SPECIFIC RECOMMENDATION

_____ HIGHLY RECOMMENDED

_____ RECOMMENDED

_____ NOT RECOMMENDED

_____ RECOMMENDED WITH RESERVATIONS (Please explain.)

8. HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

Form completed by: _____ Date: _____

Title: _____ School: _____

School Address and ZIP code: _____

School Telephone: _____ Home Telephone (optional): _____



St. Andrew's Episcopal School admits students of any race, color, national and ethnic origin to all the 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, or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic or other school-administered programs.