



## RECOMMENDATION FORM

800-A Quaker Lane  
 Phone: 336-886-5516  
 admissions@hpfs.org

High Point, NC 27262  
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ALL new students in Grades K-8 who have applied for admission to High Point Friends School must have two recommendations. The recommendations must be completed by two educators (can be a current or previous teacher, administrator, or guidance counselor). The Evaluator should complete all questions on the form below and return the recommendation to HPFS in a SEALED envelope or via email to admissions@hpfs.org.

Date: \_\_\_\_\_ School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

How do you know this student? \_\_\_\_\_  
 \_\_\_\_\_

How long have you known the student? \_\_\_\_\_  
 \_\_\_\_\_

What are the first words which come to mind when describing this student? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please comment on this student's strengths, challenges, special needs and special interests. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Based on your experience with this student, please evaluate his/her developmental progress in relation to his/her peer group in the areas listed using the following scale.

1=Very Advanced    2=Advanced    3=On Target    4=Slightly Delayed    5=Very Delayed    ?=Unsure

1 Physical Self Care	1	2	3	4	5	6
2 Interactions with Peers	1	2	3	4	5	6
3 Interactions with Adults	1	2	3	4	5	6
4 Ability to focus on and complete tasks	1	2	3	4	5	6
5 Ability to understand spoken directions	1	2	3	4	5	6
6 Coordination (Large Motor Development)	1	2	3	4	5	6
7 Letter/Symbol Formation (Fine Motor Development)	1	2	3	4	5	6
8 Math Skills	1	2	3	4	5	6
9 Reading Skills	1	2	3	4	5	6
10 Behavior	1	2	3	4	5	6
11 Ability to understand written directions	1	2	3	4	5	6
12 Responsibility	1	2	3	4	5	6
13 Honesty/Integrity	1	2	3	4	5	6
14 Organizational Skills	1	2	3	4	5	6

●**Preschool Teachers:**  
 Please respond to the first seven items only.

●**Kindergarten Teachers:**  
 Please respond to the first ten items only.

●**1st-8th Grade Teachers:**  
 Please respond to all items.

Have this student's parents indicated that they were dissatisfied with you as a teacher or with the school where you are employed? \_\_\_\_\_ If yes, please elaborate. \_\_\_\_\_

\_\_\_\_\_

Is this student a discipline problem for you or others? \_\_\_\_\_ Please explain. \_\_\_\_\_

\_\_\_\_\_

How likely is this student to distract or be easily distracted by others? \_\_\_\_\_

\_\_\_\_\_

Has this child been identified as "gifted" or do you feel that this child is unusually talented in any academic, artistic or other area? \_\_\_\_\_ Please elaborate. \_\_\_\_\_

\_\_\_\_\_

Has this student been recommended for evaluation, been evaluated or been identified as having learning differences, developmental delays, visual or auditory processing difficulties, or behavioral/emotional disorders (ADD, ADHD, Bi-polar disorder, OCD, etc.)? \_\_\_\_\_ Please explain. \_\_\_\_\_

\_\_\_\_\_

To your knowledge, has medication been recommended or prescribed for this child to address any of the above diagnoses? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Recommended grade placement for next year: \_\_\_\_\_

Do you recommend this candidate

- Enthusiastically    Confidently    With Reservation    Do Not Recommend

How may we contact you if we have additional questions? \_\_\_\_\_

\_\_\_\_\_

If you feel the need to comment further on this student, please include your comments on a separate sheet of paper and attach it to this sheet.

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date