



P A R K C I T Y
D A Y S C H O O L

Student Reference Form 1st – 4th Grades

Consent to release information:

Signature of Parent or Guardian

Thank you for your cooperation in completing the following information regarding,

Student Name

RECOMMENDATION GUIDELINES: A check is sufficient for the student who clearly meets one of the stated categories. In the event that it is difficult to evaluate the student, we request additional comments:

	Superior	Above Average	Average	Below Average	Not Acceptable
Academic ability	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for authority	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Peer relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there any additional behavioral information that you think might or should influence our decision?

	Academically	Personally
I strongly recommend this student	<input type="checkbox"/>	<input type="checkbox"/>
I recommend this student	<input type="checkbox"/>	<input type="checkbox"/>
I recommend with reservations	<input type="checkbox"/>	<input type="checkbox"/>
I do not recommend this student	<input type="checkbox"/>	<input type="checkbox"/>

Evaluator _____ Position _____

School _____ Date _____

PLEASE RETURN COMPLETED REFERENCE DIRECTLY TO:

**Park City Day School
3120 Pinebrook Road
Park City, UT 84098
Attn: Diana Kaps, Director of Admissions**

**Phone: 435.649.2791
Fax: 435.649.6759
Email: dkaps@parkcitydayschool.org**