



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

Student Reference Form 5th – 9th Grades

Name of Student _____

Date _____

Consent to release information: _____

Signature of Parent or Guardian

Name of Reference _____

Street Address/PO Box _____

City _____

State _____

Zip Code _____

How long have you known the applicant? _____

In which one of the following capacities?

Language Arts Teacher

Mathematics Teacher

School Administrator

Guidance Counselor

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 rate the student, we request additional comments:

	Superior	Above Average	Average	Below Average	Not Acceptable
<u>Citizenship:</u>					
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adherence of Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care for Property/Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Habits:

Accepts Suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alert, Energetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains Self Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Study Habits:

Meets deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a motivated learner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neatness in Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works to Capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works Independently	<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"/>

To your knowledge, has this student in any way been associated with drugs, alcohol or cigarette smoking? no yes not sure

Is there any additional 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"/>

This report will be held in the strictest confidence. Thank you for your cooperation in providing this information.

Evaluator _____ Position _____

School _____ Date _____

PLEASE RETURN COMPLETED REFERENCE DIRECTLY TO:

**Park City Day School
3120 Pinebrook Road
Park City, UT 84098
Attn: Admissions Office**

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