



**PRINCIPAL/HEAD/  
GUIDANCE COUNSELOR  
RECOMMENDATION FORM**

**FORMAN SCHOOL**  
Office of Admission  
12 Norfolk Road | P.O. Box 80  
Litchfield, CT 06759-0080

Phone: 860.567.1802  
Fax: 860.567.3501  
admission@formanschool.org  
www.formanschool.org

Applicant's name \_\_\_\_\_ Current Grade \_\_\_\_\_  
FIRST MIDDLE LAST

Applicant's address \_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY STATE ZIP CODE COUNTRY

Name of current school \_\_\_\_\_

**To the Parent/Guardian:**

Please read and sign the statement below:

I acknowledge that I waive my right to read the confidential teacher recommendations and the school report for the student listed above.

Parent/Guardian name \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**To the Principal/Head/Guidance Counselor:**

The student named above is a candidate for admission to Forman School, an independent boarding and day school for students with diagnosed language-based learning differences. Your recommendation is vital to the application process. We would appreciate your most candid and thoughtful responses.

**Check the appropriate responses:**

- Understanding of learning differences  above average  average  below average  poor
- Academic potential.....  above average  average  below average  poor
- Motivation.....  above average  average  below average  poor
- Ability to self-advocate .....  above average  average  below average  poor
- Honesty .....  above average  average  below average  poor
- Self-confidence .....  above average  average  below average  poor
- Self-discipline.....  above average  average  below average  poor
- Leadership.....  above average  average  below average  poor
- Concern for others.....  above average  average  below average  poor
- Maturity (relative to age).....  above average  average  below average  poor
- Respect accorded by peers.....  above average  average  below average  poor
- Respect accorded by faculty .....  above average  average  below average  poor
- Response to criticism.....  above average  average  below average  poor
- Reaction to frustration.....  above average  average  below average  poor

What adjectives or phrases come to mind when describing this student? Please note strengths and weaknesses.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Principal/Head/Guidance Counselor Recommendation** *(continued)*

What academic accommodations and services is the student currently receiving at your school?

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Has the student had any disciplinary problems? If so, please explain.

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How does the student react to rules and authority?

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I recommend this student for admission to Forman School.

- Enthusiastically    Without reservation    With reservation    Not at all

Thank you for taking your valuable time to complete this evaluation. The applicant has no access to admission records. The information you have provided is confidential.

**Principal/Head/Guidance Counselor Information**

Name \_\_\_\_\_ Position \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

School address \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

**Please sign this form below and return in a sealed envelope to:**

Office of Admission, Forman School, 12 Norfolk Road, P.O. Box 80, Litchfield, CT 06759-0080

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Forman School is an independent, coeducational college preparatory school serving students with learning differences. Forman School admits students of any race, color, sex, and national or ethnic origin to all 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, nationality, ethnic origin, or any other characteristic protected by federal or state law in administration of its educational policies, admission policies, scholarships, athletic, and other school-administered programs.*