



Columbus School for Girls

Required for Grades 2-5

Homeroom Teacher Recommendation

Applicant's name _____ Applying to Grade _____

Release (Mandatory Signature)

I/We give permission for _____ to complete this form and return it to Columbus School for Girls. I/We understand that this is a confidential teacher recommendation and cannot be disclosed to anyone other than the Admission Committee, nor will it be placed in the student's permanent file.

Parent/Guardian Signature(s) _____ Date _____

Thank you for taking the time to complete this recommendation. A complete report from the applicant's current school is essential to ensure comprehensive consideration of the applicant. Your information will be held in strict confidence. Email or mail the completed form to:

EMAIL A PDF • Admissions@columbuschoolforgirls.org

MAIL • CSG Admission Office • 65 S. Drexel Avenue • Columbus, OH 43209

Academic Qualities

	<i>Truly Outstanding</i>	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Below Average</i>
Attitude towards subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to reason abstractly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to think logically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math competency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity and imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance and thoroughness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class participation	<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"/>

Personal Qualities

Honesty/integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assumption of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer compatibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with teacher(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receptivity to others' ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity (relative to age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete page 2

What are the applicant's strengths?

What are the applicant's challenges?

Has outside help or tutoring been recommended?

CSG values a mutually supportive parent-school relationship. Please share with us any thoughts you have regarding the applicant's family, including their involvement in your school.

To your knowledge, is the parent's/guardian's perception of the child compatible with the school's understanding of the child? Please comment.

Is there any additional information that would be helpful to us in our evaluation of this applicant?

Academic Promise:

Enthusiastically recommend Strongly Recommend Recommend With Reservations Not Recommended

Character and Personal Promise:

Enthusiastically recommend Strongly Recommend Recommend With Reservations Not Recommended

Print Teacher Name _____

School or Program Name _____

How long have you known this student? _____

If we have additional questions, may we contact you? Yes No

Would you prefer to communicate via phone or email Phone Email Either

Teacher Email _____

Phone and extention _____ Convenient time to call _____

Teacher's signature _____

Thank you...we appreciate your time and value your input!

Email a PDF of this completed form • Admissions@columbuschoolforgirls.org

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