



Vail Mountain School

3000 Booth Falls Road • Vail, CO 81657
Voice: 970-476-3850 • Fax: 970-476-3860
admissions@vms.edu • www.vms.edu

Applicant's Name _____

Today's Date _____ **Applicant's Current Grade** _____ **Application for Grade** _____ **in August 20** _____

To the Parent:

Please submit this form to your child's English teacher with a stamped envelope addressed to:

*Vail Mountain School
Admission Office
3000 Booth Falls Road
Vail, CO 81657*

To ensure confidentiality, the teacher is asked to mail this form directly to our Admission Office.

To the Teacher:

The student named above is applying to Vail Mountain School, an independent, coeducational, college preparatory school for students in grades K-12. Your careful and candid assessment of the candidate will be integral to our admission process. Thank you for completing this form. Your comments will be read in confidence.

1. How long have you known this student and in what context?

2. Please list the course(s) and grade(s) you have taught him or her.

Academic Evaluation

Please indicate the applicant's achievement level by placing a check mark in the appropriate box for each category.

	<i>Outstanding</i>	<i>Excellent</i>	<i>Very Good</i>	<i>Average</i>	<i>Below Average</i>	<i>Poor</i>
Academic potential	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Imagination/creativity	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Writing mechanics	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort/persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to submit work on time	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

Personal Evaluation

Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal integrity	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Relationship to adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Cooperation of parents/guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments

1. *What are the first words that come to mind to describe this student?*

2. *Comment on the applicant's strengths.*

3. *Discuss any areas needing improvement.*

4. *Comment on this student's character and personality (e.g., maturity, peer relationships, sense of humor, enthusiasm, etc.)*

5. *Where has the student shown the most growth?*

6. *Additional thoughts and comments are welcome (e.g., special interests, specific incidents, learning differences, etc.)*

Overall Recommendation

	<i>Outstanding</i>	<i>Excellent</i>	<i>Very Good</i>	<i>Average</i>	<i>Below Average</i>	<i>Poor</i>
As a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Name _____ Position _____ Date _____

Name of School _____ Telephone _____

Street _____ City _____ State _____ Zip _____

Thank you for taking time to complete this form. Your comments are an important part of the application process.