

Charleston Collegiate School

2024 Academy Drive, John's Island, South Carolina 29455

Tel: (843) 559-5506

Email: admissions@charlestoncollegiate.org

THIS SECTION TO BE COMPLETED BY THE PARENT/GUARDIAN:

Applicant's Name _____
 Address _____
 City, State, Zip _____
 Home Telephone _____
 Parent/Guardian's Name _____

School Name _____
 School Address _____
 City, State, Zip _____
 School Telephone _____
 Teacher's Name _____

THIS SECTION TO BE COMPLETED BY THE TEACHER:

The applicant named above is applying for admission to Charleston Collegiate School. Please respond to the following statements about the applicant. Your thoroughness will allow the Admissions Committee to make a decision that is in the best interest of the applicant. **Your responses will be kept strictly confidential.**

Applicant's Name _____

Current Grade Level _____

Please rate the applicant in the following areas:

	Excellent	Good	Average	Poor	Not Known
Identifies and writes all letters.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes all letter sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies and writes number 0-20.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes and writes name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to use scissors correctly.....	<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"/>
Interest in reading and learning.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent bathroom skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consideration of others.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with others.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitions easily between activities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts well with peers	<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"/>
Attendance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent cooperation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you taught this student? _____ Year(s) During which school year (s) ? _____

General Recommendation

What do you consider this student's strengths? _____

What are his or her weaknesses? _____

Are you aware of any learning style differences that may limit this student's ability to perform in a traditional classroom setting? _____

How would you recommend this applicant?
___ With great enthusiasm With confidence ___ With reservation (*please explain*)

If you cannot recommend this applicant, please explain: _____

Printed Name _____ Signature _____

School _____ Date _____

Please Note: Occasionally, it is necessary for the Admissions Office at Charleston Collegiate School to seek clarification on a recommendation from a teacher. If it is difficult to reach you during the day, please give your email address and the Director of Admissions will contact you if it is necessary:

Return this form to: **Office of Admissions**
 Charleston Collegiate School
 2024 Academy Drive
 Johns Island, SC 29455
 or
 admissions@charlestoncollegiate.org

Charleston Collegiate School welcomes qualified students of any race, religion, or ethnic origin.