



PRINCIPAL / HEAD OF SCHOOL COMMENTS

Name of student _____ Applying to Grade _____

Application is being made to the following campus: (please check)

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cornerstone Nevada Primary Grades Pre-K – 5 6861 E. Nevada Detroit, MI 48234 (313) 892-1860 x243 | <input type="checkbox"/> Cornerstone Nevada M.S. Grades 6 – 8 6861 E. Nevada Detroit, MI 48234 (313) 892-1860 x224 |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|

To the Principal or Head of School: The student named above is applying for admissions to one or more campuses of Cornerstone Schools Association. A full report from the applicant's current school is necessary if he or she is to be given consideration for admission. Our ability to effectively evaluate the skill and mastery level of this student is helped enormously by your timely and candid insights. All information that you furnish will be kept confidential to the extent that the law allows -- this is applicable only when the form is transmitted directly to the school. On behalf of this student, we thank you for your cooperation and assistance.

If you do not feel that you are the appropriate person to fill out this recommendation form, please sign below and pass it on to another faculty member who had knowledge of the applicant. A similar form will be sent to their current teacher.

Signature _____

Please complete this recommendation in black or blue ink. Retain a copy for your files and send the original directly to the appropriate campus.

Your name _____ Title _____

School _____

How long have you know the student? _____

What are the first three words that come to mind to describe this student?

1. _____ 2. _____ 3. _____

Please evaluate the applicant in the following areas by placing a check in the appropriate column.

SOCIAL / EMOTIONAL DEVELOPMENT

| | TRULY OUTSTANDING | EXCELLENT | GOOD | AVERAGE | BELOW AVERAGE | COMMENTS |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------|
| Dependability & honesty | <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"/> | _____ |
| Leadership | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Responsibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Sensitivity to others' feelings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

SOCIAL / EMOTIONAL DEVELOPMENT, cont.

| | TRULY OUTSTANDING | EXCELLENT | GOOD | AVERAGE | BELOW AVERAGE | COMMENTS |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------|
| Respect for individual differences | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Reaction to setbacks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> |
| Maturity (relative to age) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> |
| Sense of humor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> |
| School conduct | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> |

ACADEMIC DEVELOPMENT

| | | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|
| Intellectual curiosity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Academic progress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> |
| Curiosity & imagination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> |
| Initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> |
| Motivation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> |
| Ability to work without supervision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> |

Has the student been promoted regularly during her or his school career? YES NO

If NO, please explain: _____

Has this student had problems with attendance? YES NO

Has this student had problems with tardiness? YES NO

If YES for either, please explain: _____

Has the student had any recurrent and/or serious disciplinary problems? YES NO

If YES, briefly explain and note any disciplinary action taken: _____

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

PARENT / SCHOOL RELATIONSHIP

Please respond to the best of your knowledge and with careful consideration to accuracy.

Parents are an important part of our relationship with the student. Please share with us any information regarding this applicant's family, including involvement in your school. _____

To your knowledge, is the parents' perceptions of their child compatible with the school's understanding of the child?
Please comment _____

Which word(s) best describe the parents in regard to their child?

1. _____ 2. _____ 3. _____

Please explain _____

Are you aware of any family circumstances that affect the student's life at school? Please explain _____

Additional comments _____

Signature _____ Date _____

If we have additional questions, may we call you? YES NO

If YES, phone number _____ Most convenient time to call _____

Again, thank you for your time and the valuable information you have provided