



## ACADEMIC REFERENCE

**Applicant Name** \_\_\_\_\_

Please complete both sides of this form and **return directly by mail or email** to the Admissions Office at Aspengrove School. This is a confidential evaluation submitted in connection with an application for admission to Aspengrove School. We seek the comments and evaluations of someone who knows this applicant well and may be able to provide insights into the child's learning. We appreciate your candid, truthful and complete response to the information requested. This evaluation and its contents will only be used in connection with the Aspengrove School admissions process and will not be shared with the applicant. Please contact the Admissions Office should you have any questions about this form.

**How long have you known the student:** \_\_\_\_\_

**In what context have you worked with the student?** \_\_\_\_\_

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

**A** \_\_\_\_\_ **B** \_\_\_\_\_ **C** \_\_\_\_\_

**What are the applicant's favourite subjects / activities at school?**

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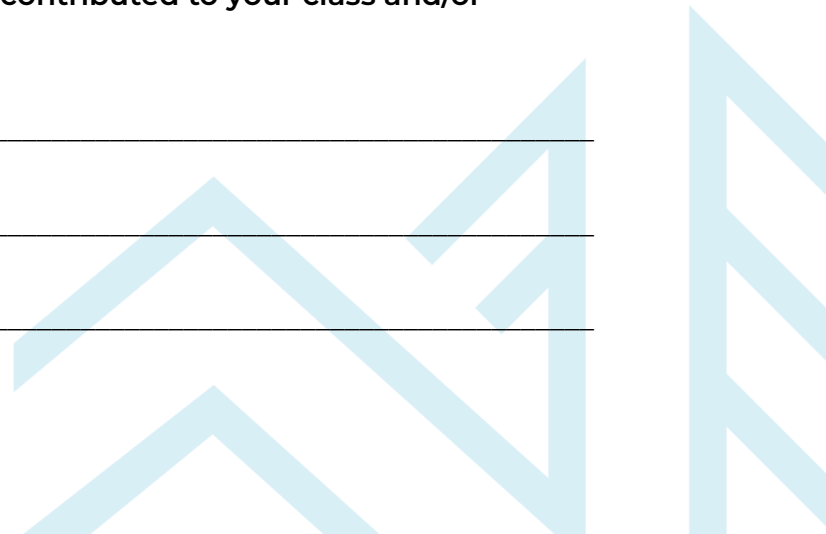
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**If applicable, in what ways has the student contributed to your class and/or community?**

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## Character Assessment

How would you rate this applicant in relation to other students of the same age?

	Excellent	Very Good	Good	Fair	Poor	No Basis for Judgment
Effort & Determination						
Self-Esteem						
Leadership Potential						
Emotional Maturity						
Creativity						
Organization						
Ability to Work Independently						
Ability to Work with Others						
Attention Span						
Sense of Humour						
Ability to Socialize						

## Academic Ability

How would you rate this applicant in relation to other students of the same age?

	Excellent	Very Good	Good	Fair	Poor	No Basis for Judgment
Reading Skills						
Writing Skills						
Oral Language						
Listening Skills						
Mathematics						
Problem Solving						
Class Participation						
Work Ethic						
Fine Motor Skills						
Gross Motor Skills & Coordination						
Intellectual Curiosity						
Academic Potential						
Attitude Towards Learning						
Overall Evaluation as a Student						

Has this student been involved in a gifted program?    \_\_\_ No    \_\_\_ Yes

Has this student been referred for Learning Assistance?    \_\_\_ No    \_\_\_ Yes  
*(if yes, please provide reasons)*

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Has this student been referred to a learning or health care specialist for any concerns relating to their learning?    \_\_\_ No    \_\_\_ Yes

Does the applicant have an Individual Education Plan (IEP)?    \_\_\_ No    \_\_\_ Yes  
*(please attach copy)*

Are there any concerns we should be aware of?

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Is there any additional information you would like to provide Aspengrove School regarding the applicant?

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**Please provide the information requested below. We appreciate the time and effort spent on this reference and thank you for your thorough evaluation of the applicant.**

Your Name: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

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

