

Admissions Office, Aspengrove School 7660 Clark Drive, Lantzville, BC VOR 2H0

Tel: (250)390.2201 Email: admissions@aspengroveschool.com

www.AspengroveSchool.ca

## CHARACTER REFERENCE

Applicant Name: \_\_\_\_\_

Please complete both sides of this form and **return directly by mail or email** to the Admissions Office, 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 his/her character and personality. 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 applicant? \_\_\_\_\_

In what context have you interacted with the applicant? \_\_\_\_\_

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

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

If applicable, in what ways has the applicant contributed to your class/team/community?

All children have 'hidden talents'. What are some special skills that the applicant has?

## **Character Assessment**

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

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

Are there any strengths or weakness not listed that you would like to mention?

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

Aspengrove School students are selected on the basis of academic achievement, community service, communication skills, interpersonal skills and educational and personal evaluations. Would you recommend this applicant to Aspengrove School and why?

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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:        |       |  |
| Relationship: |       |  |
| Telephone:    |       |  |
| Address:      |       |  |
| Signature:    | Date: |  |

