For children applying to Grades 1 through 6

Name of student __________________________________________________ Applying to grade _____________________

Grade level(s) in class ________________ Number of children in class ______________

I have known this child ____________ years ____________ months. My relationship has been that of_________________
______________________________________________________________________________________________________

TO THE TEACHER: For the following items, please mark on the dotted line one or more responses that may pertain
to each topic. You may adjust the placement of the check mark to the left or right within a given section to indicate
gradations in your evaluation.

<table>
<thead>
<tr>
<th>Sense of responsibility</th>
<th>RESPONSIBLE</th>
<th>USUALLY RESPONSIBLE</th>
<th>SOMETIMES RESPONSIBLE</th>
<th>RARELY RESPONSIBLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consideration of others</td>
<td>USUALLY THOUGHTFUL</td>
<td>USUALLY CONSIDERATE</td>
<td>INCONSIDERATE</td>
<td>UNKIND</td>
</tr>
<tr>
<td>Social relationship with peers</td>
<td>HEALTHY RELATIONSHIPS</td>
<td>HAS OCCASIONAL PROBLEMS</td>
<td>RELATES POORLY</td>
<td></td>
</tr>
<tr>
<td>Leadership ability</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>POOR</td>
</tr>
<tr>
<td>Emotional maturity</td>
<td>VERY MATURE</td>
<td>AVERAGE</td>
<td>SOMEWHAT IMMATURE</td>
<td>VERY IMMATURE</td>
</tr>
<tr>
<td>Self-confidence</td>
<td>HEALTHY SELF-IMAGE</td>
<td>NEEDS SOME SUPPORT</td>
<td>SEEMS OVERLY CONFIDENT</td>
<td>POOR SELF-IMAGE</td>
</tr>
<tr>
<td>Sense of humor</td>
<td>HIGHLY DEVELOPED</td>
<td>GOOD</td>
<td>POORLY DEVELOPED</td>
<td></td>
</tr>
<tr>
<td>Self control</td>
<td>GOOD</td>
<td>USUALLY GOOD</td>
<td>OCCASIONAL MISCONDUCT</td>
<td>FREQUENT DISRUPTION</td>
</tr>
<tr>
<td>Relationship with adults</td>
<td>HEALTHY RELATIONSHIPS</td>
<td>HAS OCCASIONAL PROBLEMS</td>
<td>RELATES POORLY</td>
<td></td>
</tr>
</tbody>
</table>

Please comment on:

Study habits ____________________________

Motivation ____________________________

Organization of time and work ____________________________

Curiosity ____________________________

Attention span ____________________________

Ability to express ideas orally ____________________________
Ability to work independently

Ability to work in a group

Creativity

Reading for pleasure

Attention pattern

Please comment on level of progress and achievement in the following areas. Add grades if applicable.

Reading

Spelling

Composition

Math

Social Studies

Science

Foreign Language

Creative Arts

Athletics

Is there ability grouping?  ☐ Yes  ☐ No  If so, please indicate which group (high, middle, low).

Reading ______________________ Math ______________________

In working with the candidate’s parents, did you find them (circle one):

EXCEPTIONALLY COOPERATIVE  GENERALLY COOPERATIVE  COOPERATION UNPREDICTABLE  DECIDEDLY UNCOOPERATIVE

Please comment on parent cooperation and involvement with the school ______________________

________________________________________________________

We would appreciate additional comments and observations concerning the strengths, weaknesses, health issues, or any concerns regarding this student and family. We welcome any other information that you think would be helpful. You may use a separate sheet of paper for further comments in any category. Thank you for your time.

Teacher Name ______________________

Date ______________________ Telephone ______________________

School ______________________

Address ______________________

Email Address ______________________

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