



# EASTMINSTER SCHOOL

## COUNSELOR RECOMMENDATION FORM

Please submit this form to your child's current school counselor with a stamped envelope addressed to:

Admissions Office  
Eastminster School  
2450 Lennox Road  
Conyers, GA 30094

Student \_\_\_\_\_ Current Grade \_\_\_\_\_

School currently attending \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

To: Counselor

The student named above has applied for admission into \_\_\_\_\_ grade at Eastminster School for the academic year \_\_\_\_\_  
Your help is requested in supplying as much information below as possible so that we can better meet the needs of this student.

Length of time in your school: \_\_\_\_\_

Does student have a satisfactory attendance record? \_\_\_\_\_

Please evaluate the following areas with a check mark:

	Excellent	Good	Average	Poor
Displays Courteous/Positive Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obeys Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits Self Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects the Property of Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens Attentively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works to Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe any issues (physical, emotional, mental disabilities, language barriers, family situations) which affect this student's progress. \_\_\_\_\_

Counselor Recommendation

Please list any area of academic advancement or special recognition awarded: \_\_\_\_\_

Please comment on the following:

Classroom Conduct/Discipline \_\_\_\_\_

Behavior/Attitude \_\_\_\_\_

Work/Study Habits \_\_\_\_\_

Peer Relationships \_\_\_\_\_

Has the student ever required any special program or other intervention resulting from a learning or behavioral challenge including participating in a Learning Disability Resource Center, a Developmental Reading, English, Math or Other Program, or Behavior Modification? If yes, identify program. \_\_\_\_\_  
\_\_\_\_\_

Has the student ever been identified for a gifted program? \_\_\_\_\_

Parent Involvement:

\_\_\_\_\_ Very Supportive \_\_\_\_\_ Supportive \_\_\_\_\_ Average \_\_\_\_\_ Minimal \_\_\_\_\_ Adversarial \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Additional information: \_\_\_\_\_  
\_\_\_\_\_

*Thank you for the time and effort you have taken in completing this evaluation.*

\_\_\_\_\_  
Signature of person making report/Title

Telephone \_\_\_\_\_ Date \_\_\_\_\_