



Admissions Office, Aspengrove School, 7660 Clark Drive, RR 2, Lantzville, British Columbia, V0R 2H0
CANADA

Tel: (250) 390-2201 Fax: (250) 390-2281 Email: admissions@aspengroveschool.com

www.aspengroveschool.ca

ACADEMIC REFERENCE

Applicant Name _____

Please complete both sides of this form and **return it directly by mail, email or by fax** to the Admissions Office, Aspengrove School. If insufficient space is available on this form, please type the responses on a separate sheet of paper identifying the question being answered. 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, personality and abilities. 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. 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?

If applicable, in what ways has the student contributed to your community?

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						
Ability to Work Independently						
Ability to Work with Others						
Organization						
Sense of Humour						
Leadership Potential						
Self-Esteem						
Creativity						
Emotional Maturity						
Attention Span						
Ability to Socialize						

Academic Ability

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

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

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)

Has this student been referred to a learning or health care specialist for any problems relating to his/her learning?

Yes No

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

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

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: _____ Signature: _____

School Address: _____ Date: _____