



CONFIDENTIAL OPTIONAL RECOMMENDATION – Page 1 of 2

To be filled out by an individual of the applicant's choice.

Name of student _____

City, State, and Country _____

Phone Number _____ Current Grade _____

To the applicant: Please complete the top of this recommendation and give this form to an adult with whom you have regular contact, either at school or in the community.

To the person making this recommendation: The above student has applied for admission to Chatham Hall, an all-girls college-preparatory boarding/day school. The Admission Committee requests your candid evaluation of this student. The information you provide will be kept confidential. Please keep a copy of the recommendation for your records. Thank you for your time and effort. Email the recommendation to admissions@chathamhall.org; or fax to Admission at 434-432-2405; or mail to: The Admission Office, 800 Chatham Hall Circle, Chatham, VA 24531.

In what capacity do you know the applicant? _____

How long have you known her? _____

What adjectives come to mind when describing this applicant? _____

What are her strengths? _____

In what areas does she need growth and development? _____

Based on your own observations, how does this applicant interact with family and friends? _____

What do you believe this applicant would contribute to the Chatham Hall community? _____

I recommend this applicant: ☐ with great enthusiasm ☐ with confidence ☐ with reservations (please explain)

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Please assess the following qualities for this applicant.				
	Excellent	Good	Fair	Poor
Independence				
Common Sense				
Motivation				
Creativity/Originality				
Level of Maturity				
Integrity				
Leadership Potential				
Consideration for Others				
Self--Confidence				
Relation to Peers				
Relation to Adults				
Reaction to Criticism				
Emotional Stability				
Sense of Humor				
Other				

Please feel free to share with us any additional information about this applicant.

Would you be willing to talk further with someone from the Admission Office? ☐ yes ☐ no

Name: _____

Title/Relation to student: _____

School/Organization Name: _____

School/Organization Phone: _____

School/Organization Address: _____

Signature: _____ Date: _____