

South Shore Christian Academy

45 Broad Street · Weymouth, MA 02188 · (781) 331-4340 · Fax (781) 331-9956 · www.southshorechristian.org

Placement Director, Guidance Counselor, or Principal Evaluation for grades 6 - 12

INSTRUCTIONS TO THE APPLICANT:

Please print your name and school below and give this form and a stamped return envelope (addressed to the Admissions Office at 45 Broad Street, Weymouth, MA 02188) to your current Placement Director, Guidance Counselor, or Principal.

Date of Application: ___/___/___ Application for Grade: 6 7 8 9 10 11 12 September, 20___

Last Name

First Name

Middle

School

TO THE PLACEMENT DIRECTOR, GUIDANCE COUNSELOR, OR PRINCIPAL:

The student above is applying to South Shore Christian Academy, an independent, nondenominational, college preparatory day school for boys and girls in grades Pre-Kindergarten -12. Your thoughts and candid assessment of the above named candidate is integral to our admissions process. We understand that preparing a recommendation can be time-consuming, so we thank you in advance for completing this form. Please note that your comments will be held in confidence.

How long have you known this student and in what context? _____

What are the first words that come to mind to describe this student? _____

School Ranking:

Grading scale: _____ Passing Mark: _____ Weighted: _____

Rank: _____ Exactly Approximately ___ in a class of _____ students (High School only)

If your school does not rank, please estimate applicant's standing in the class:

Top 1% Top 5% Top 10% Top 20% Top 30% Top 40% Bottom Half

Are classes sectioned according to ability? Yes No

If yes, please indicate what section or track the student is in (i.e.: advanced, honors, college preparatory, regular, special):

Academic and Personal Evaluation

1. Please comment on the student's maturity in relation to his or her peers.

2. Please comment on the extent of the student's need for prodding or supervision.

3. Should SSCA be aware of any problems (physical, emotional, or behavioral)?

4. If the applicant has been involved in a serious infraction of school rules, or if he or she has left the school for any period of time, please explain.

Overall Recommendation

In relation to others whom you have known in the applicant's age group, please rate the candidate in the following areas by placing a check mark in the appropriate box in every line.

	Top 5% Outstanding	Top 20% Above Average	Average	Below Average	Not Observed
<i>Academic</i>					
Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Extra-curricular Activities</i>					
Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Personal</i>					
Motivation/Initiative	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Outstanding	Above Average	Very Good	Average	Below Average	Not Observed
As a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name (please print) _____

Title _____

Name of school _____

Telephone _____

Street _____

City _____

State _____

Zip _____

Date _____

Thank you again for taking time to complete this form. Your thoughts are an integral part of the admissions process.