Applicant Name ___________________________________ Applying for grade ________ 

Please answer the following questions based on your personal observation and experience. Thank you for returning this as soon as possible. All information on this recommendation form is confidential.

1) How long have you known this student and in what capacity? ___________________

2) Does the student:
   - listen attentively for a sustained period of time appropriate to his/her age? __________
   - stick to a task?_________
   - follow directions given in a group?_________
   - follow directions given individually?_________.
   - have a positive self-image?_________ 
   - respond favorably to correction?___________.
   - demonstrate exceptional maturity in some particular area relative to his peers?___________.

3) Circle items which describe your perception of this student:
   leader    persistent    lazy    withdrawn    friendly    outgoing    follower    shy
   even-tempered    mature    impatient    reserved    responsible    industrious    relaxed
   self-disciplined    trustworthy    creative    tense    hostile    academically    motivated
   patient    caring    introvert    honest    respectful    accepted by peers

4) To your knowledge, has this child ever been evaluated by an outside source for learning disabilities or emotional problems? YES____ NO____ DO NOT KNOW____ 

If YES, please explain and give dates if available_____________________________
5) Realizing that Cape Fear Academy offers a challenging academic curriculum, do you recommend this candidate? (check one please)

Enthusiastically_____ With Reasonable Confidence_____ With Reservations_____ 
Do Not Recommend_____ Please explain ____________________________________________

6) In relation to boys and girls of the same age you have known, please indicate your rating below:  (check one in each row)

<table>
<thead>
<tr>
<th>Outstanding</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>As a student</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>As a person</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
</tbody>
</table>

Additional remarks: ________________________________________________________________
______________________________________________________________________________

Teacher Name________________________________________ Date_____________________

Job title ______________________________________________

School Name___________________________________________ Phone_______________________

School Address________________________________________

Thank you for your observations. If we may contact you for additional information, please list your:

Telephone Number ________________________________

Email Address ________________________________

Please return directly to:
Director of Admission
Cape Fear Academy
3900 South College Road
Wilmington, NC 28412
www.capefearacademy.org
Phone-910-791-0287
Fax-910-791-0290
nelda.nutter@capefearacademy.org