

INSTRUCTIONS FOR APPLICANTS

Please print applicant's name and school below. Parent signatures acknowledge Bancroft's expectation that recommendation forms will be given to current teachers, filled out confidentially and returned directly to Bancroft's Admission Office. Give this form along with a stamped envelope addressed to Bancroft School Admission Office to the applicant's current elementary school teacher. For most applicants, this form should be completed no sooner than December 1st and returned to Bancroft by February 1st for first round consideration.

Applicant's Name _____ Applicant's School _____
Parent's Signature _____ Applicant for Grade _____

INSTRUCTIONS FOR THE TEACHER

This student is a candidate for admission to Bancroft School. Please complete both sides of this form and return it in the envelope provided or directly to: *Bancroft School Admission Office, 110 Shore Drive, Worcester, MA 01605-3198*. For most applicants, this form should be completed no sooner than December 1st. Your responses will be reviewed as part of Bancroft School's admission process, will be held in confidence and will not become part of the candidate's permanent record. Bancroft appreciates the time and effort required to complete this evaluation. Your honest assessment of this student will allow Bancroft's Admission Committee to make decisions that will be in his or her best interest. Thank you!

Class Size: _____

ACADEMIC QUALIFICATIONS

	Outstanding	Good	Average	Poor	Not Applicable	Please Comment:
Mathematics computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Comprehension of mathematical concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oral reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reading comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spelling/writing mechanics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Writing process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Overall academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

PERSONAL CHARACTERISTICS

	Outstanding	Good	Average	Poor	Not Applicable	Please Comment:
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Self-image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Enthusiasm for school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Acceptance of responsibility	<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"/>	_____
Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

CLASSROOM BEHAVIOR

	Outstanding	Good	Average	Poor	Not Applicable	Please Comment:
Ability to focus/listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Influence on peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Contribution in class discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Willingness to take risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respect for class routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

EFFORT

	Outstanding	Good	Average	Poor	Not Applicable	Please Comment:
Promptness in completing assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Participation in group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Persistence in completing difficult tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Self-motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Initiative when activities are introduced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Following directions: (a) Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(b) Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please list the first adjectives or phrases that come to mind to describe the applicant.

Please comment on the student’s strengths, weaknesses, or any special needs or concerns of this child and/or family.

Please comment on parent’s cooperation and involvement with you and your school.

What does this child enjoy most in your classroom?

Name: _____ School: _____

Position/Title: _____ Street Address: _____

I have known this child _____ years _____ months. City, State, Zip: _____

Date: _____ Email Address: _____ Telephone: _____

Thank you for your assistance!

ABOUT BANCROFT SCHOOL Bancroft, an independent, coeducational, college preparatory day school, prepares talented, well-qualified and motivated college-bound students, kindergarten through grade 12, to pursue and realize their academic, personal and social potential. We provide a comprehensive, caring, and creative curricular and extracurricular program that fosters an experience of excellence for each student. Inspired students, a superior faculty, and engaged families thrive in our diverse, safe, and supportive community. We afford students the opportunity to discover their passion in life and to learn to embrace confidently and responsibly the moral and ethical challenges of being life-long learners, teachers of others, and citizens of an increasingly global community.

Please use the reply envelope provided by the family and return to: **Bancroft School Admission Office, 110 Shore Drive, Worcester, MA 01605-3198**