



WOLCOTT SCHOOL

Counselor Recommendation Form

Applicant's Name: _____

Applying for Grade: _____ School Year: _____

To the teacher: The above student is a candidate for admission to Wolcott School in Chicago, Illinois. We ask that you complete this form to help us in our admissions process. Your candid response will enable us to evaluate the applicant for admission to our college preparatory program. This form is confidential and will not be made available to parents, guardians or students. Thank you for your cooperation.

Parents: Please fill in the applicant's name and the grade to which s/he is applying. Submit this form to your child's current counselor. Ask that it be directly returned to:

Wolcott School
 Director of Admissions
 Email: rspirowolcottschool.org
 Fax: 312.610.4950

Please rate the applicant in the following areas:

	Excellent	Good	Average	Fair	Poor
Attendance					
Motivation					
Persistence					
Creativity					
Curiosity					
Critical Thinking Skills					
Academic Confidence					
Social Confidence					
Social Relations with Peers					
Relations with Adults					
Maturity					
Integrity					
Empathy					
Self-Advocacy					
Self-Awareness					
Resilience					
Academic Problem Solving					
Use of School Resources and Supports					
Personal Goal Setting					
Cooperation with Adults					
Cooperation with Peers					
Classroom Behaviors					
Leadership					
Collaboration with Peers					
Participation in Discussion					
Completion of School Work					
Study Skills					
Time Management					

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Describe the applicant's social/emotional functioning. Please include any behavioral interventions and supports that have been utilized.

Counselor

School

Date

E-mail

Phone