

# Personal Recommendation Form



## Sant Bani School

19 Ashram Road  
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santbani.org

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Student's Name \_\_\_\_\_ Grade applying to \_\_\_\_\_

**Dear Parent/Guardian:** Please sign the statement of confidentiality listed below and give this form and a return envelope to two people you feel can give a recommendation for your child. The form will be returned directly to the Admission Office.

### Statement of Confidentiality

I, \_\_\_\_\_, affirm that all information provided on this recommendation received by the Sant Bani School Admission Office will be held in the strictest of confidence and is not available to myself and my family.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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Your name has been given to us as a reference for the above-named student who has applied for enrollment at Sant Bani School. Please give us your evaluation of this student. If the space provided is not adequate, please attach a separate sheet and number the responses accordingly. **Return to Admission Office, Sant Bani School, before February 1.** If you receive this form after February 1, please return as soon as possible. We are aware that you may not be able to answer all of these questions and we thank you for the information that you can supply. Your comments will be held in the strictest of confidence.

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1. How long have you known this child?
2. In what situations have you known this child?
3. Please list the first words that come to mind when thinking about this student.
4. What are this child's primary interests?
5. What are this child's primary abilities?
6. What are this child's particular needs?
7. Is this child liked by peers? Is this child liked by adults?

**Personal Recommendation Form – Continued**

8. How does this child seem to feel about him/herself?
  
9. Are you aware of any physical problems?
  
10. Are you aware of any emotional problems?
  
11. How does this child respond in group activities?
  
12. Does this child have qualities of leadership? In what areas?
  
13. How does this child contribute to a group relationship (positively or negatively)?
  
14. How does this child contribute to a peer relationship?
  
15. Does this child enjoy being around younger children?
  
16. Is this child able to work/play independently?
  
17. How does this child react to new experiences?
  
18. Do you have any further comments?

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Name

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Date

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Relationship to child

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Telephone

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Address

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Email