

CONFIDENTIAL PRINCIPAL OR GUIDANCE RECOMMENDATION

Name of Applicant _____ Present Grade _____

I acknowledge that I waive my right to read the confidential Principal or Guidance Counselor recommendation for the student listed above.

Name of parent or guardian

Signature of parent or guardian

Carrabassett Valley Academy is a college preparatory ski/snowboard academy for student/athletes who are serious about developing themselves to their full potential. The Admissions Committee bases its decision upon the complete transcript, teacher and coach recommendations, student and parent essays and personal interviews. Your candid assessment of the applicant will be extremely important to the committee.

How long have you known the applicant? _____

In what level program has the applicant been enrolled? _____

A. Please make checks in the boxes and make comments on any characteristic you feel needs further explanation.

CHARACTERISTIC	Age approp Y/N	Superior	Good	Fair	Poor
Capacity for learning					
Academic performance					
Attitude toward learning					
Work ethic					
Responsibility for actions					
Respect for adults and peers					
Leadership potential					
Personal integrity/Honesty					
Concern for others					
Study habits					
Reading ability					
Sense of humor					
Self-confidence					
Ability to express self in writing					
Cooperation with peers and adults					
Emotional maturity					
Mathematical skills					
Overall evaluation as a student					
Overall evaluation as a person					

B. What words first come to mind to describe the applicant? _____

C. What is the applicant's greatest strength? _____

D. What is the applicant's greatest need? _____

E. Has the applicant ever been in any disciplinary difficulty that you are aware of? Please relate the incident(s) and any disciplinary action that resulted.

F. Are there any observed problematic social behaviors or discipline problems that have not resulted in disciplinary action, but are of concern? Yes ___ No ___. If yes, please explain _____

G. Please describe the school and family partnership, including any comments on parent cooperation and support of the child's experience _____

H. Overall evaluation of the applicant as a person:

I. I recommend the applicant for admission to Carrabassett Valley Academy:
___Enthusiastically ___Confidently ___With Reservations ___Do Not Recommend

Signature _____ Date _____

Please Print Name _____

School _____ Telephone _____

Address _____

City _____ State _____ Zip _____

Return to: Admissions
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