



## SCHOOL RECORDS REQUEST FORM

### **Section I. To the applicant's parent/guardian:**

Please complete the top section of this form and deliver it to the applicant's current school.

Sandy Spring Friends School requires **official** records from the applicant's current school in order to complete the application process.

I, \_\_\_\_\_, hereby give permission to the registrar of  
(Name of Parent/Guardian)

\_\_\_\_\_ (Name of Applicant's Current School)

\_\_\_\_\_ (School's Full Address)

to send \_\_\_\_\_'s school reports to Sandy Spring Friends School, where he/she is  
( Full Name of Applicant)

applying to grade \_\_\_\_\_.

Please include progress or grade reports, attendance records, health records, standardized test results, in-school support records, educational evaluations and IEPs (if applicable), and service plans.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### **Section II. To the applicant's current school:**

The student named above has applied to Sandy Spring Friends School. In order for us to make an admissions decision, we request a **copy** of the following information:

1. All of the student's progress or grade reports from your school plus any from other schools he/she has previously attended. **Please include progress reports for the current academic year.**
2. All testing results.
3. Any Health Records.
4. Any educational assessments and IEPs or 504 plan, if applicable.
5. Attendance Records
6. Disciplinary records, if any.

Have all financial obligations to your independent school been fulfilled? (Please  $\checkmark$ , if applicable)  Yes  No

**Request completed by:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please send the school records along with this form to:**

Sandy Spring Friends School  
Attn: Admissions Office  
16923 Norwood Road  
Sandy Spring, MD 20860  
Phone: (301) 774-7455

**OR**

E-Fax: 301-576-8664

**CONFIDENTIAL ENGLISH TEACHER EVALUATION FORM**  
**For Students Applying to Sandy Spring Friends School**  
**Entering 6<sup>th</sup> -11<sup>th</sup> Grade**

Student Name: \_\_\_\_\_ Applicant for Grade \_\_\_\_\_ in 20 \_\_\_\_\_

**To the parents:** I hereby waive my right to access this recommendation and authorize the above-named person to provide an evaluation and all relevant information to the school for the purposes of my own child's application to attend the school.

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**To the Teacher:** We appreciate your cooperation in completing this form on behalf of the student above who has applied to our school. Thank you for your time and honest appraisal.

**Our preference is to receive the completed form via e-mail to [admissions@ssfs.org](mailto:admissions@ssfs.org) or fax at 301-576-8664, although you may mail the original to: Sandy Spring Friends School, Attn: Office of Admissions, 16923 Norwood Road, Sandy Spring, MD 20860. All information received from you is confidential and will be shared only with the Admissions Committee.**

EnglishTeacher Name: \_\_\_\_\_  
(please print) (signature)

Grade/Subject(s) you teach the applicant and which grade(s) \_\_\_\_\_

Name of School: \_\_\_\_\_

I have known this applicant for \_\_\_\_\_  years  months. Date of this reference \_\_\_\_\_

May we contact you for further information?  Email: \_\_\_\_\_ Telephone \_\_\_\_\_

**Please check the words below that best describe this applicant:**

- |  |                                      |                                       |   |  |                                       |
|--|--------------------------------------|---------------------------------------|---|--|---------------------------------------|
| <input type="checkbox"/> independent       | <input type="checkbox"/> quiet       | <input type="checkbox"/> cheerful     | <input type="checkbox"/> self-disciplined | <input type="checkbox"/> impulsive         | <input type="checkbox"/> passive      |
| <input type="checkbox"/> self-centered     | <input type="checkbox"/> shy         | <input type="checkbox"/> irritable    | <input type="checkbox"/> compassionate    | <input type="checkbox"/> manipulative      | <input type="checkbox"/> aggressive   |
| <input type="checkbox"/> articulate        | <input type="checkbox"/> loner       | <input type="checkbox"/> helpful      | <input type="checkbox"/> positive leader  | <input type="checkbox"/> conscientious     | <input type="checkbox"/> generous     |
| <input type="checkbox"/> responsible       | <input type="checkbox"/> social      | <input type="checkbox"/> well-liked   | <input type="checkbox"/> negative leader  | <input type="checkbox"/> respectful        | <input type="checkbox"/> enthusiastic |
| <input type="checkbox"/> attention-seeking | <input type="checkbox"/> distracting | <input type="checkbox"/> distractible | <input type="checkbox"/> perfectionist    | <input type="checkbox"/> disobedient       | <input type="checkbox"/> follower     |
| <input type="checkbox"/> disorganized      | <input type="checkbox"/> organized   | <input type="checkbox"/> bossy        | <input type="checkbox"/> anxious          | <input type="checkbox"/> easily frustrated |                                       |

**ACADEMIC QUALITIES**

	ADVANCED FOR AGE	APPROPRIATE FOR AGE	NEEDS DEVEL.	NOT AT ACCEPTABLE LEVEL	
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Academic achievement	<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"/>	
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**ACADEMIC QUALITIES(Cont.)**

	<b>ADVANCED FOR AGE</b>	<b>APPROPRIATE FOR AGE</b>	<b>NEEDS DEVEL.</b>	<b>NOT AT ACCEPTABLE LEVEL</b>	<b>COMMENTS</b>
Organization of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to express ideas orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uses suggestions or corrections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seeks help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participation in class discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reads for pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PERSONAL QUALITIES(Cont.)**

	<b>ADVANCED FOR AGE</b>	<b>APPROPRIATE FOR AGE</b>	<b>NEEDS DEVEL.</b>	<b>NOT AT ACCEPTABLE LEVEL</b>	<b>COMMENTS</b>
Maturity for Age and Grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consideration of Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interaction with teachers/adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please complete the following in-depth questions about this candidate.

- 1. Please describe this applicant's academic ability in the subject you teach. Comment on his/her strengths, weaknesses, and special interests.**
- 2. Please describe the student's reading habits and reading comprehension.**
- 3. What are the merits and weaknesses of this student's written work?**
- 4. How does this student respond to advice or criticism? Is he/she easily discouraged? Is he/she willing to work to overcome difficulties?**

5. Are you aware of or had concerns about possible learning differences or psychological/ medical concerns that would potentially affect this student's learning process?

6. Please describe the parent (s) degree of cooperation and involvement in the child's education.

7. Please make any additional comments regarding this student's strengths, abilities, attendance, personal qualities, and special interests.

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_ email: \_\_\_\_\_

**CONFIDENTIAL MATH TEACHER EVALUATION FORM**  
**For Students Applying to Sandy Spring Friends School**  
**Entering 6<sup>th</sup> -11<sup>th</sup> Grade**

Student Name: \_\_\_\_\_ Applicant for Grade \_\_\_\_\_ in 20 \_\_\_\_\_

**To the parents:** I hereby waive my right to access this recommendation and authorize the above-named person to provide an evaluation and all relevant information to the school for the purposes of my own child's application to attend the school.

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**To the Teacher:** We appreciate your cooperation in completing this form on behalf of the student above who has applied to our school. Thank you for your time and honest appraisal.

**Our preference is to receive the completed form via e-mail to [admissions@ssfs.org](mailto:admissions@ssfs.org) or fax at 301-576-8664, although you may mail the original to: Sandy Spring Friends School, Attn: Office of Admissions, 16923 Norwood Road, Sandy Spring, MD 20860. All information received from you is confidential and will be shared only with the Admissions Committee.**

Math Teacher Name: \_\_\_\_\_  
*(please print)* *(signature)*

Grade/Subject(s) you teach the applicant and which grade(s) \_\_\_\_\_

Name of School: \_\_\_\_\_

I have known this applicant for \_\_\_\_\_  years  months. Date of this reference \_\_\_\_\_

May we contact you for further information?  Email: \_\_\_\_\_ Telephone \_\_\_\_\_

**Please check the words below that best describe this applicant:**

- |  |                                      |                                       |   |  |                                       |
|--|--------------------------------------|---------------------------------------|---|--|---------------------------------------|
| <input type="checkbox"/> independent       | <input type="checkbox"/> quiet       | <input type="checkbox"/> cheerful     | <input type="checkbox"/> self-disciplined | <input type="checkbox"/> impulsive         | <input type="checkbox"/> passive      |
| <input type="checkbox"/> self-centered     | <input type="checkbox"/> shy         | <input type="checkbox"/> irritable    | <input type="checkbox"/> compassionate    | <input type="checkbox"/> manipulative      | <input type="checkbox"/> aggressive   |
| <input type="checkbox"/> articulate        | <input type="checkbox"/> loner       | <input type="checkbox"/> helpful      | <input type="checkbox"/> positive leader  | <input type="checkbox"/> conscientious     | <input type="checkbox"/> generous     |
| <input type="checkbox"/> responsible       | <input type="checkbox"/> social      | <input type="checkbox"/> well-liked   | <input type="checkbox"/> negative leader  | <input type="checkbox"/> respectful        | <input type="checkbox"/> enthusiastic |
| <input type="checkbox"/> attention-seeking | <input type="checkbox"/> distracting | <input type="checkbox"/> distractible | <input type="checkbox"/> perfectionist    | <input type="checkbox"/> disobedient       | <input type="checkbox"/> follower     |
| <input type="checkbox"/> disorganized      | <input type="checkbox"/> organized   | <input type="checkbox"/> bossy        | <input type="checkbox"/> anxious          | <input type="checkbox"/> easily frustrated |                                       |

**ACADEMIC QUALITIES**

	ADVANCED FOR AGE	APPROPRIATE FOR AGE	NEEDS DEVEL.	NOT AT ACCEPTABLE LEVEL	COMMENTS
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Academic achievement	<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"/>	
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**ACADEMIC QUALITIES(Cont.)**

	<b>ADVANCED FOR AGE</b>	<b>APPROPRIATE FOR AGE</b>	<b>NEEDS DEVEL.</b>	<b>NOT AT ACCEPTABLE LEVEL</b>	<b>COMMENTS</b>
Organization of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to express ideas orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uses suggestions or corrections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seeks help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participation in class discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reads for pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PERSONAL QUALITIES(Cont.)**

	<b>ADVANCED FOR AGE</b>	<b>APPROPRIATE FOR AGE</b>	<b>NEEDS DEVEL.</b>	<b>NOT AT ACCEPTABLE LEVEL</b>	<b>COMMENTS</b>
Maturity for Age and Grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consideration of Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interaction with teachers/adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	





5. Please describe the parent (s) degree of cooperation and involvement in the child's education.

6. Please make any additional comments regarding this student's strengths, abilities, attendance, personal qualities, and special interests.

7. What math level/course would you recommend for this student next year?

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_ email: \_\_\_\_\_