



The Island School
DEEP CREEK MIDDLE SCHOOL

Student Recommendation Form (Principal / Teacher)

Admissions Cycle: 2026–2027

Student Information

Student Name:	
Applying For Grade:	
Current School:	

Recommender Information

Name:	
Title (Principal / Teacher):	
School:	
Phone:	
Email:	

Relationship to Student

How well do you know the student academically? Very well Moderately well Slightly Not applicable

How well do you know the student personally? Very well Moderately well Slightly Not applicable

Short Response Questions

1. What three words best describe this student?

2. Please comment on the student's academic strengths and areas for growth.

3. Please comment on the student's character, citizenship, and contributions to the school community.

Student Evaluation

Category	Excellent	Good	Average	Below Average	No Basis
Academic Potential	<input type="checkbox"/>				
Academic Achievement	<input type="checkbox"/>				
Intellectual Curiosity	<input type="checkbox"/>				
Effort / Determination	<input type="checkbox"/>				
Ability to Work Independently	<input type="checkbox"/>				
Organization	<input type="checkbox"/>				
Creativity	<input type="checkbox"/>				
Willingness to Take Intellectual Risks	<input type="checkbox"/>				
Concern for Others	<input type="checkbox"/>				
Honesty/Integrity	<input type="checkbox"/>				
Self Confidence	<input type="checkbox"/>				
Maturity (relative to age)	<input type="checkbox"/>				
Responsibility	<input type="checkbox"/>				
Respect Accorded by Faculty	<input type="checkbox"/>				
Respect Accorded by Peers	<input type="checkbox"/>				
Emotional Stability	<input type="checkbox"/>				
Overall Evaluation as a Person	<input type="checkbox"/>				
Overall Evaluation as a Student	<input type="checkbox"/>				

Any additional information that you would like to share concerning this student: