



# Confidential School Report

This form is to be completed and submitted to Strathcona-Tweedsmuir School by the student's current Homeroom Teacher, Guidance Counsellor, Principal, or someone who knows the student well. The form can be submitted via email: [admissions@sts.ab.ca](mailto:admissions@sts.ab.ca), fax: 403-938-8343, or mail: Strathcona-Tweedsmuir School, Enrollment Office, RR 2, Okotoks, AB T1S 1A2.

Name of Candidate: \_\_\_\_\_

Current Grade: \_\_\_\_\_

### Parent Release:

By signing below, I give permission for Strathcona-Tweedsmuir School to contact teachers at my child's school as well as this referee as part of the application procedure. I understand that the content of such conversations and this form will remain confidential.

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

### To the Referee:

The student named above is a candidate for admission to Strathcona-Tweedsmuir School (STS). STS is an independent school enrolling students in Kindergarten to Grade 12. Students are encouraged to achieve excellence in scholarship, leadership and character through a rigorous university-prep academic program, participation in co-curricular activities, outdoor education, and community service. STS supplements the standard Alberta Education curriculum with the International Baccalaureate (IB) Programme.

We greatly appreciate your assistance in our evaluation of this applicant. Please feel free to submit a written letter of reference in lieu of this form. Please check here if you would prefer to discuss this applicant over the phone:

1. In what capacity do you know the student? \_\_\_\_\_
2. How long have you known the student? \_\_\_\_\_
3. Does the student participate in any special programs (gifted, enriched, remedial)? \_\_\_\_\_  
\_\_\_\_\_
4. How supportive is the student's family of your school's program and teachers? \_\_\_\_\_  
\_\_\_\_\_
5. What are the student's greatest strengths? \_\_\_\_\_  
\_\_\_\_\_
6. How can we help the student transition to STS? \_\_\_\_\_  
\_\_\_\_\_

**7. Please rate the student in comparison with their peers:**

Academic Skills	Truly Outstanding	Excellent	Above Average	Average	Below Average	Well Below Average	No basis for Judgement
Academic achievement							
Academic potential							
Class participation							
Curiosity and interest in learning							
Effort							
Independent thinking							
Time management							
Willingness to work with others							
Willingness to work independently							
Willingness to seek assistance							
<b>Overall Academic Recommendation</b>							

Personal Qualities	Truly Outstanding	Excellent	Above Average	Average	Below Average	Well Below Average	No basis for Judgement
Honesty							
Integrity							
Leadership							
Ability to follow							
Responsibility							
Reaction to criticism							
Respect for others							
Maturity							
Sense of humour/fun							
Warmth of personality							
<b>Overall Character Recommendation</b>							

**8. Please provide additional comments including extenuating circumstances that could have an impact on the student's potential to thrive at STS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Referee's Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**School/Organization Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_