

PERSONAL RECOMMENDATION FORM

Heron School is a private, secondary school that serves the profile of twice-exceptional students who are neurodivergent and/or gifted and talented in one or more areas. The purpose of this form is to assist the Heron School admissions team in determining if the applying student would benefit from our program in which they would be offered both special education services and a rigorous learning environment. Please complete this form to the best of your knowledge. We understand how much time and thought is needed to complete student recommendations. We sincerely appreciate your efforts as we work together to meet students' educational needs.

Applicant's Name					
Recommender's Name					
Recommender's Phone and Ema	il				
What is your relationship to the	applicant? How	long have y	ou known th	ne applicant?	
	Enthusiastically	Strongly	Fairly Strongly	Without Enthusiasm	Not Recommend
Do you recommend this student for admission to Heron School?					
Please explain your response to t	he above questio	on. Attach a	dditional cor	nments if nece	ssary.
What are this student's strength	s?				
What are this student's interests	, either academic	ally or pers	onally?		

What is your favorite thing about this student? Is there anything you admire about them?

What do you believe this student struggles with (at home, at school, in social situations, etc.)?

How would you describe this student's social relationships?

Is there any other information you believe would be helpful to the Heron School admissions team in making their admissions decision?

Check this box if you have included further comments or an additional letter of recommendation:

I understand that the information I have provided on this form will be held in confidence and will not be included in the student's permanent record. I certify that the information I have provided is true to the best of my knowledge.

Signature _____