



Stonehaven Admissions Shadow Day

Student Name: _____ Grade (Rising): _____

Teacher: _____

Peer Relationships:

- ☐ Strongly Recommend
- ☐ Recommend
- ☐ Do Not Recommend

Comments: _____

Respect for Authority:

- ☐ Strongly Recommend
- ☐ Recommend
- ☐ Do Not Recommend

Comments: _____

