

# Lincoln School

*Students applying for seventh through twelfth grade*

## Team Coach Recommendation (optional)

Name of Student \_\_\_\_\_ Applying for Grade \_\_\_\_\_

\* Coach's Name (print) \_\_\_\_\_

Coach's Telephone Number: (     ) \_\_\_\_\_

Sport: \_\_\_\_\_

Student's years of experience: \_\_\_\_\_ Level of play: \_\_\_\_\_

Other sports the student has been involved in: \_\_\_\_\_

### Skill Evaluation (please rate on a scale of 1-5 with 1 being outstanding)

	1	2	3	4	5
Athletic Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coachability:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commitment to Practice:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compares to other players at her age:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exhibits the qualities of a team player:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

General comments on this athlete:

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

*\*Recommendation should be completed by a person who has coached this applicant within the last year.*

**Please mail to:** Lincoln School, 301 Butler Ave. Providence, RI 02906, Attn: Admission Office



**Lincoln School**

301 Butler Avenue, Providence, RI 02906

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[www.lincolnschool.org](http://www.lincolnschool.org)