

**School Recommendation Form
For Admission to PK-3 through Grade 1**

Name of Student _____

Grade for which applying _____

This student is applying for admission for the **2010-2011** school year to one or more of the schools listed on the attached **Permission for School to Release Student Records** for the **2009-2010** scholastic year. This recommendation form provides a way of getting to know the child and is received with the awareness that young children are constantly changing and developing. Your candid evaluation of the applicant will be of invaluable assistance to the Admission Committee. **Be assured that your comments will be held in strict confidence.** Thank you for your assistance.

If you wish to discuss this student personally also, please check here.

Social / Emotional Development	Exceeds Age	Age Appropriate	Needs Development	Comments
Works respectfully with peers				
Is able to wait for a turn				
Carries out responsibilities				
Interacts cooperatively with others				
Interacts respectfully with teachers				
Transitions easily				
General behavior is predictable and age appropriate				
Exhibits self-control				

Academic Skill Development	Usually	Sometimes	Seldom	Comments
Listens attentively and follows directions and rules				
Demonstrates ability to focus on task and to problem solve				
Completes tasks in allotted time				
Works carefully and neatly				
Works well independently				

Physical Development	Exceeds Age	Age Appropriate	Needs Development	Comments
Is able to relax				
Small muscle control and coordination				
Large muscle control and coordination				
Speech development (articulation)				
Left/right directionality				

(See Reverse)

Please describe the child's development of:

Beginning reading skills _____

Beginning math skills _____

Talks excessively on a topic/uses words repetitively Yes _____ No _____

Displays behaviors similar to a much younger child Yes _____ No _____

Parent cooperation and involvement with the school: _____

If your school is private, are financial responsibilities for school bills met on time? _____

How long have you known the child? _____

Does the student have any significant limitations that affect school performance?

Please explain: _____

Is there anything significant about the home life which will help us understand this child?

We welcome any other information about the student or family that you think would be helpful.

I recommend this student for admission

- with great enthusiasm**
- with confidence**
- with reservation**
- I do not recommend**

(Mr., Mrs., Ms., Dr.) _____
Printed Name School Position

School address City/State Zip code School phone number

Signature Date

Please return this form to the appropriate school(s) marked on the parent permission form.

