



# Levey Day School

**Grade 2 to Grade 5**

## REFERRAL FORM

Please return form as soon as possible. Information on the Referral Form will be held in the strictest confidence and will not, directly or indirectly, be shared with students, parents or guardians. Please return to; Admissions: Levey Day School 400 Deering Ave. Portland, Maine 04103

Name of Child \_\_\_\_\_ Current School \_\_\_\_\_

Applicant for Grade \_\_\_\_\_ Present Grade Level \_\_\_\_\_ with \_\_\_\_\_ other students in class,  
\_\_\_\_\_ days a week, \_\_\_\_\_ hours a day. I have known this student for \_\_\_\_\_ years, \_\_\_\_\_ months.

Attendance is (please check one) regular  not regular

The first words that come to mind when I think of this student are \_\_\_\_\_.

<b>Academic Ability</b>	Outstanding	Above Average	Average	Below Average
Verbal ability				
Mathematical ability				
Creative ability				
Intellectual curiosity				
Ability to grasp new concepts				

**Please comment on this child's academic strengths and weaknesses.**

<b>Classroom Performance</b>	Outstanding	Above Average	Average	Below Average
Classroom achievement				
Participation in discussions				
Writing mechanics				
Quality of written ideas				
Oral expressions				
Work habits				
Ability to follow directions				
Preparation for class				



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*Please comment on this child's learning style. Please also note any special needs and any observed discrepancies between academic ability and classroom performance.*

<b>School Behavior</b>	Outstanding	Above Average	Average	Below Average
Motivation				
Ability to work in a group				
Ability to work independently				
Response to suggestions				
Willingness to seek needed help				
Attention span				
Interaction with peers				
Respect for others				
Conduct				

*Please comment on any noteworthy aspect of the student's school behavior.*

<b>Personal Abilities</b>	Outstanding	Above Average	Average	Below Average
Maturity for grade				
Maturity for age				
Perserverance				
Self-confidence				

*Please comment on this student's social and emotional development.*



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**Please circle the words that describe this student**

aggressive	anxious	articulate	assertive	cheerful	compassionate	confident	conscientious
dishonest	disobedient	distractible	distracting	energetic	easily discouraged	irritable	follower
honest	humorous	impulsive	independent	irresponsible	easily frustrated	kind	manipulative
loner	motivated	organized	overprotected	passive	passive-resistant	popular	negative leader
perfectionist	responsible	restless	self-centered	social	vivacious	positive leader	
self-disciplined	well-liked	other	_____				

**Please note any special attributes of this student that would help us to better understand him or her (e.g., English as a second language, special talent in arts or athletics, etc.)**

**Please comment on the student-parent relationship.**

**Please describe the parents' relationship with teachers and the school.**

Would you be willing to discuss this child by telephone if we have further questions?  Yes  No

Is there information about this child that would be better communicated by telephone?  Yes  No

Evaluator's Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_\_

Email address \_\_\_\_\_ Telephone Number \_\_\_\_\_

**For a School Administrator**

Has the family satisfied all financial obligations to your school?  Yes  No Initials \_\_\_\_\_