



# Levey Day School

**Pre-K to Grade 1**

## 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

<b>Readiness Skills for Reading, Writing and Computation</b>	Notably Advanced	Age Appropriate	Progressing towards Age Appropriate	Possible Area of Concern
Ability to listen in a group				
Contributions to discussions				
Ability to follow directions				
Respect for classroom routines				
Ability to complete tasks				
Ability to focus on one task				
Ability to transition between tasks				
Response to correction				
Willingness to try new activities				
Ability to initiate activities				
Ability to solve problems				
Ability to express thoughts and ideas				

***Please comment on this child's intellectual development (e.g., receptive language development, visual and auditory discrimination.)***



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<b>Social/Emotional Development</b>	Notably Advanced	Age Appropriate	Progressing towards Age Appropriate	Possible Area of Concern
Comfort with peers				
Comfort with adults				
Ability to work independently				
Cooperation in classroom activities				
Cooperation in play				
Initiation of play activities				
Sharing				
Use of imagination				
Capacity to lead				
Capacity to follow				
Purposeful use of materials				

***Please comment on this child's social development (e.g., degree of aggression or passivity, peer relationships, adult support needed, level of play.)***

***Please comment on this child's emotional development (e.g., self-image, ability to deal with conflict and frustration.)***

<b>Physical Development</b>	Notably Advanced	Age Appropriate	Progressing towards Age Appropriate	Possible Area of Concern
Small muscle control & coordination				
Large muscle control & coordination				
Articulation				

***Additional comments:***



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

aggressive	anxious	articulate	cheerful	disobedient	easily discouraged
restless	assertive	honest	influential	irritable	manipulative
organized	confident	follower	perfectionist	responsible	passive-resistant
self-centered	motivated	passive	well-liked	vivacious	self-disciplined
over-protected	distractible	shy	positive leader	social	conscientious
energetic	rambunctious	distracting	negative leader	other_____	

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

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

***In your view, what are the child's particular strengths?***

***In your view, what are the child's particular areas for improvement?***

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



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***Please attach copies of any relevant testing.***

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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 \_\_\_\_\_

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***For a School Administrator***

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

*(Many schools will not enroll a student until the family has met all financial obligations to the school previously attended by the student.)*

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