



Confidential Teacher Recommendation Form Pre-K to Grade 1

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 _____ regular _____ not regular

Readiness Skills for Reading, Writing and Computation	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.)



Social/Emotional Development	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).

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

Additional comments:



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_____

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 or concerns?

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).



Please attach copies of any relevant testing.

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

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