



## Applicants to Pre-K through 1st Grade CONFIDENTIAL COMMON RECOMMENDATION FORM

This common recommendation form is accepted by all independent schools who are members of ADVIS (Association of Delaware Valley Independent Schools). **To be signed by the parents or guardians and given to the student's present school after November 1.**

I/We understand that we may not look at this evaluation and assure the evaluator and the school that we will not try to do so. We give permission for the evaluator to release the information on this form to the schools to which we are applying for admission. We understand that as parents we will not have access to this confidential information and that it will not become part of our child's permanent record.

First Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Second Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Student \_\_\_\_\_ has applied for grade \_\_\_\_\_

Name of Teacher \_\_\_\_\_ Subject(s) taught \_\_\_\_\_

**To the Current Teacher:** Please complete both sides of this form and send to all requesting schools. Your comments will be held in strictest confidence. Thank you very much for your cooperation and assistance.

How long have you known this student? \_\_\_\_\_

	Exceeds age expectations	Age appropriate	Needs development	No basis for judgment
<b>Social/Emotional Development</b>				
Cooperates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates play activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is imaginative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the potential to lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the capacity to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses materials purposefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is curious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is comfortable with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds positively to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment on social/emotional development _____				
<b>Physical Development</b>				
Small muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech development (articulation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stamina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pencil Grip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment on physical development _____				
<b>Pre-Academic Skill Development</b>				
Is attentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributes to discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can focus on one task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects classroom routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moves easily from one task/activity to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits problem solving abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses thoughts well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment on pre-academic skill development _____				

**Please comment on each of the following regarding this child. Attach a separate page for additional comments (if needed).**

What words come quickly to mind when you describe this child? \_\_\_\_\_  
\_\_\_\_\_

Interaction with other children, cooperation, respects the rights of others, willingness to share, responsibility for own actions \_\_\_\_\_  
\_\_\_\_\_

To your knowledge, are the parents in agreement with your view of the student?  Yes  No  Don't know

How would you describe this student's expressive and receptive language skills? \_\_\_\_\_  
\_\_\_\_\_

Comments or other information you believe might be helpful (other specific strengths and weaknesses?). \_\_\_\_\_  
\_\_\_\_\_

For children applying to Kindergarten, please describe child's development of readiness for

Beginning reading skills \_\_\_\_\_  
\_\_\_\_\_

Beginning math skills \_\_\_\_\_  
\_\_\_\_\_

May we contact you for further information?  Yes  No

TEACHER'S NAME \_\_\_\_\_

POSITION \_\_\_\_\_ SCHOOL NAME \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Thank you for taking the time to complete this evaluation. **Please send a copy to the school, and keep an original for your records.**

Please mail directly to: **Germantown Friends School, Office of Admission, 31 W. Coulter Street, Philadelphia, PA 19144**