

**SCHOOL RECOMMENDATION FORM FOR
APPLICANTS FOR KINDERGARTEN AND GRADE ONE
CONFIDENTIAL**

To the teacher or school director:

We greatly appreciate you taking the time to complete this form. It provides one way of getting to know the applicant and is reviewed with the understanding that children are constantly changing and developing. Please do not skip any questions; if your school does not evaluate students in particular areas, you may answer "not applicable." Preparers and recipients are expected to maintain the information in strict confidence and to refrain from sharing it with parents or guardians.

Child's Name: _____ Sex: M F

Name usually called: _____ Date of Birth: ____/____/____

Current School _____

School Address: _____ Phone: _____

Entrance Date: _____

Name(s) of Parent(s)/Guardian(s): _____

Address: _____ Phone: _____

Teacher and class: _____ Date of this report: ____/____/____

Submitted by: _____

How long have you known this child? _____

Is the child bilingual or multilingual? If so, in which languages? _____

What are four adjectives that come to mind to describe the child?

1. _____

3. _____

2. _____

4. _____

Physical Development

	Mature	Age-Appropriate	Developing	Immature	Additional Comments
Handedness: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Mixed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fine motor control	<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"/>	_____
Eye-hand coordination and dexterity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gross motor control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Balance and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Body/space awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please comment on the child's physical development and stamina with regard to full participation in the school's program.

Social/Emotional Development

	Mature	Age-Appropriate	Developing	Immature	Additional Comments
Ability to initiate imaginative play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Participation in cooperative play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Capacity to form friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Empathy and caring for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to share	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to work cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to wait a turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to resolve conflicts verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to problem solve with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Responsiveness to teacher's redirection & limit-setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Frustration tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please comment on the child's social/emotional development (e.g., peer relationships, adult support needed, self-image, ability to deal with conflict and frustrations).

Cognitive Development

	Mature	Age-Appropriate	Developing	Immature	Additional Comments
Creativity and inventiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Flexibility in problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Approaches new challenges easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Persistence in learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to internalize classroom routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Flexibility with changes in routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attention span - assigned activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attention span - self-chosen activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Receptive Language Skills

	Mature	Age-Appropriate	Developing	Immature	Additional Comments
Ability to listen one-on-one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to listen in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to understand stories and read aloud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Participation in classroom discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Memory for events and information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Expressive Language Skills

	Mature	Age-Appropriate	Developing	Immature	Additional Comments
Clarity of speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fluency of expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Word retrieval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Appropriate syntax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to tell stories in sequence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please comment on the child's language development. Is the child currently receiving speech and language services?

Reading Readiness

	Mature	Age-Appropriate	Developing	Immature	Additional Comments
Letter recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sound symbol awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Math Readiness

	Mature	Age-Appropriate	Developing	Immature	Additional Comments
Understanding 1-1 correspondence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Numeral recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to extend a simple pattern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Understanding comparative terms (less, more, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

The Family of the Child

	Consistently	Usually	Sometimes	Rarely	Additional Comments
Communicates openly with the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Participates in student-related activities (conferences/workshops/orientation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Participates in school-wide activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cooperates with classroom teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cooperates with administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Responds to suggestions/guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Meets financial obligations in a timely way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

To your knowledge, is the family's perception of the child compatible with the school's understanding of the child?

Are there any concerns about the child's attendance or promptness in arrival or departure?

Is there anything significant about the home life which will help us better understand this child (new baby, move, divorce/separation)?

Signed _____ Date: _____

Title _____

Please submit to:
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LOWER SCHOOL
ADMISSIONS OFFICE

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