



To the Teacher or Caregiver: We appreciate your cooperation in completing this form. It provides one way of getting to know the child and is reviewed with the full awareness that young children are constantly changing and developing. Please note that we place particular value on your comments in each area. Your responses on this form will be kept in confidence and used for admissions purposes only.

Student: _____

School: _____ Address: _____

Days per week enrolled _____ Hours per day _____ Size of group _____ Any range _____

I have known this child for _____ years _____ months. My relationship has been that of _____

(please check anywhere along the continuum)

CLASSROOM CHARACTERISTICS	NOT YET	SOMETIMES	OFTEN	CONSIS- TENTLY	WITH STRENGTH
Responds appropriately to peers					
Responds appropriately to adults					
Separates comfortably from parent					
Plays alone happily					
Plays cooperatively with others					
Demonstrates ability to lead, initiate					
Demonstrates ability to follow positive leads					
Settles down to activity with appropriate focus					
Demonstrates persistence in learning					
Exhibits consistency in performance					
Makes good use of time					
Follows directions					
Uses materials purposefully					
Takes pride in work					
Cares for belongings and class environment					
Completes tasks independently					
Respects classroom routines with independence					
Enjoys new activities					
Transitions appropriately from one activity to next					
Exhibits problem-solving abilities					
Complies appropriately with suggestion/request					
Responds positively to constructive criticism					
Resolves disputes independently					
Demonstrates resilience to setbacks					
Listens in a group					
Exhibits self-control					
Controls verbal interruption					
Shares teacher attention					
Contributes to group discussion					

INDIVIDUAL CHARACTERISTICS

Recognizing the varied pace of age-appropriate emergence, please check anywhere along the continuum. Not all characteristics may yet apply (circle NA).

Vocabulary development	_____	_____	_____	_____	_____
	YOUNG		AGE APPROPRIATE		ADVANCED
Speech articulation	_____	_____	_____	_____	_____
	DIFFICULT TO UNDERSTAND		YOUNG		AGE APPROPRIATE
Fine motor work	_____	_____	_____	_____	_____
	AVOIDS		WILLING TO TRY		ENJOYS
Alphabet recognition NA	_____	_____	_____	_____	_____
	NONE	IN OWN NAME	SOME	MOST	ALL
Letter/sound association NA	_____	_____	_____	_____	_____
	NONE	FEW	MANY	BEGINNING READER	FLUENT
Math skills (patterns, shapes, numeral recognition, 1:1 correspondance) NA	_____	_____	_____	_____	_____
	YOUNG		AGE APPROPRIATE		ADVANCED

Please comment on this child's ability to meet the expectations of your program. Have you adjusted your program to accommodate the needs or abilities of this child?

Were we observing, what would we notice about this child; what characteristics do you consider unique or notable? (Please complete your responses with narrative description, information or attachments that would help us to know this candidate.)

PARENT INFORMATION Please characterize parent cooperation and support for child's school experience. Do parent goals seem realistic for this child?

Name: _____ Date _____

Please list your number(s) if you prefer to discuss this candidate by telephone. DAY _____ EVE _____



Friends Academy

1088 Tucker Road, North Dartmouth, MA 02747-3122

Tel: 508-999-1356 Fax: 508-997-0117

www.friendsacademy1810.org