# Independent School Common Recommendation Form For Pre-K & K

**Brunswick School**
**Chase Collegiate School**
**The Children's School**
**Fairfield Country Day School**
**Fraser Woods Montessori School**
**Greens Farms Academy**
**Greenwich Academy**
**The Greenwich Country Day School**
**Greenwich Catholic School**
**Hamden Hall Country Day School**
**King School**
**The Long Ridge School**
**The Mead School**
**The Montessori School**
**New Canaan Country School**
**Peach Tree Point School**
**Ridgefield Academy**
**Rippowam Cisqua School**
**Rockland Country Day School**
**Rye Country Day School**
**Sacred Heart Greenwich**
**The Stanwich School**
**The Unquowa School**
**Whitby School**
**Wooster School**

**TO THE PARENTS:** As part of the undersigned child’s application for admission, the schools listed above require recommendations. The undersigned acknowledges that these recommendations are confidential communications. The undersigned waives all rights to access recommendations and acknowledges that the school is relying on this waiver and would not consider the applicant without it.

**Parent/Guardian Authorization Signature for release of records**

This form is used by the schools listed above. Please complete it, keep the original and send a photocopy directly to the requesting school. Your comments will be held in the strictest confidence. Thank you very much for your assistance.

<table>
<thead>
<tr>
<th>Name of Applicant</th>
<th>Current grade</th>
</tr>
</thead>
</table>

Please circle the number that best applies in each category:

## Social/Emotional Development

<table>
<thead>
<tr>
<th>Area of Concern</th>
<th>Needs Development</th>
<th>Age Appropriate</th>
<th>Exceeds Age Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooperates</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Shares well</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Becomes engaged with peers</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Is imaginative</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Shows ability to lead</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Shows ability to follow</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Uses material purposefully</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Exhibits curiosity</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Shows confidence</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Separates from parent</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Works independently</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Accepts limits/routines</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Exhibits self control</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Resolves conflicts independently</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Tolerates frustration</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

## Pre-Academic Skill Development

<table>
<thead>
<tr>
<th>Pre-Academic Skill Development</th>
<th>Needs Development</th>
<th>Age Appropriate</th>
<th>Exceeds Age Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Works cooperatively</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Listens in a group</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Can focus on one task</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Is a self-starter</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Completes tasks</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Understands directions</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Understands sequence</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Remembers information</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Makes transitions easily</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Expresses thoughts</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Enjoys listening to stories</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Contributes appropriate remarks to a group discussion</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

## Physical Development

<table>
<thead>
<tr>
<th>Physical Development</th>
<th>Needs Development</th>
<th>Age Appropriate</th>
<th>Exceeds Age Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fine motor control</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Gross motor control</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Resilience</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Speech development</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Handedness:  ❑ Right  ❑ Left  ❑ Mixed

(Over)
Please comment on applicant's general health/attendance:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please briefly describe the emphasis of your school's program:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How many days per week does this child attend your program? Hours?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please comment on each of the following regarding this child:

1. Favorite activities.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. What adjectives come to mind when you think of this applicant?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. Parent cooperation, involvement, and relationship with child.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4. To your knowledge, is the parents’ perception of the child compatible with the school’s understanding of the child?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

For children applying for Kindergarten, please comment on:

Beginning reading readiness skills (recognizes letters, writes own name, knows sound/symbol relationships):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Beginning math readiness skills (one to one counting, recognizes numbers, recognizes colors/shapes, follows patterns):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Overall readiness for Kindergarten:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please check here if you wish to discuss this candidate by telephone: ☐

best time to call

____________________________________  __________________________
Teacher’s signature  Date

______________________________  __________________________
School  Telephone