



## Applicant School Report for Richmond Area Independent Schools

**This form has been developed and approved for use by the following schools.**

Collegiate School (804) 741-9778 • Good Shepherd Episcopal School (804) 231-1452

Sabot at Stony Point (804) 272-1341 • St. Catherine's School (804) 281-7140

St. Christopher's School (804) 282-3185 • St. Michael's Episcopal School (804) 272-3514 • The Steward School (804) 565-2334

We appreciate your cooperation in completing this form. Your observations are an invaluable guide as the Admissions Offices at independent schools learn more about applicants. **This information is confidential and will not be shared with the applicant's family.** Your candid responses to the following questions are appreciated.

Applicant's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Application to grade: \_\_\_\_\_

Name of School: \_\_\_\_\_

Number of children in the class: \_\_\_\_\_

- 2 Day  3 Day  4 Day  5 Day  
 Pre-K  K

What are the first words that come to mind to describe this child?

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What are this child's greatest strengths?

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**Please check the response most appropriate for this child.**

### Attention Span

- Focuses and maintains attention over time  
 Attends with occasional teacher redirection  
 Easily distracted by noise or movement of others and requires frequent teacher redirection

### Task Persistence

- Persists and completes tasks independently  
 Attempts tasks with some encouragement  
 Attempts tasks after much encouragement  
 Refuses to attempt/complete task

### Degree of Independence

- Able to work on most tasks independently  
 Requires occasional assistance to complete task  
 Requires frequent assistance to complete task  
 Needs constant supervision/guidance to complete task

### Attention to Directions in Teacher-Directed Activities

- Listens carefully to entire directions  
 Attends only to brief directions  
 Plunges ahead after hearing only portion of directions

**Comprehension of Directions in**

**Teacher-Directed Activities**

- Rapid comprehension of most directions, given age expectations
- Understands after several repetitions
- After several repetitions, understands only partial directions
- Does not appear to comprehend most directions

**Verbalization**

- Communicates ideas clearly
- Has difficulty expressing wants/needs
- Speech has substitutions
- Verbal interactions are inappropriate to age/situation

**Body Movements at Listening Times**

- Sits quietly
- Some squirming
- Much movement
- Out of seat; body constantly in motion

**Peer Relationships**

- Works and/or plays well with others
- Friendly, but reserved
- Has difficulty interacting with peers

**Confidence**

- Very sure of self
- Confident with things known; attempts new things with encouragement
- Reluctant to try new or difficult things
- Very uncertain; needs much encouragement

**Fine Motor Development**

(Pencil grip, use of scissors, zips and buttons, etc.)

- Mature
- Age Appropriate
- Developing
- Immature

**Gross Motor Development**

(Balance, spatial awareness, large muscle control, etc.)

- Mature
- Age Appropriate
- Developing
- Immature

**Additional Comments:**

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**Please check the response most appropriate for the Parent(s)/Guardian(s) of this student.**

	Consistently	Usually	Sometimes	Rarely
Participate in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperate with classroom teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow through with school recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are punctual with drop-off & pick-up procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perception of this child is compatible with the school's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please circle one word below to describe your recommendation for this child:**

*With Enthusiasm*

*Strongly*

*With Reservation*

*Not Recommended*

**Do you think this child will be ready for kindergarten next year?** \_\_\_\_\_

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_