



PALM BEACH DAY ACADEMY

STUDENT RECOMMENDATION FORM – K-1

Please return this completed form via email to:
Stephanie Filauro, Director of Admission, at admission@pbday.org.

To: Current Teacher or School Head

Name of Student _____ Applicant to Grade _____

Your assessment of this student’s emotional and social growth, intellectual development, and relationships within the school community is a vital component of the admission process at Palm Beach Day Academy. We appreciate your consideration and cooperation in completing this form, and we assure you that all information provided will be kept confidential.

I have known this student for _____ year(s). My relationship has been that of _____.

A. ACADEMIC QUALITIES (PLEASE CIRCLE)

Academic Ability	Exceptional	Above average	Average	Below average	No basis for judgement
Intellectual curiosity	Exceptional	Above average	Average	Below average	No basis for judgement
Ability to express ideas orally	Exceptional	Good	Has some difficulty	Limited	No basis for judgement
Participates in discussions	Joins in readily	Participates occasionally	Contributes when called on	Wants to dominate	Rarely contributes No basis for judgement
Follows directions, ideas orally	Quickly and correctly	Occasionally	Needs much explanation		No basis for judgement
Attention span	Exceptionally good	Usually good	Occasionally distracted	Easily distracted	No basis for judgement

B. READING READINESS SKILLS (CHECK ALL THAT APPLY)

- Enjoys listening to stories
- Tells stories from pictures
- Enjoys looking at books
- Can tell about events in sequence
- Recognizes differences in size and shape
- Knows the letters of the alphabet
- Can hear likeness and differences
- Already reading
- Recognizes many words
- Can distinguish words beginning with same sound
- Knows letter/sound correspondence
- Can distinguish rhyming words

C. MATHEMATICS READINESS SKILLS (CHECK ALL THAT APPLY)

- Recognizes numbers through 10
- Has developed a 1 to 1 correspondence
- Can make a simple pattern
- Sorts by one characteristic
- Can do simple calculations

D. MOTOR SKILLS DEVELOPMENT (1-With ease, 2-With difficulty, 3-Not at all)

Cuts _____ Traces _____ Colors _____ Draws _____ Writes name _____ Strings beads _____
 Builds with blocks _____ Hops _____ Skips _____ Climbs _____
 Does he/she use the same hand consistently? _____ Which hand? _____

E. LANGUAGE/SPEECH: Fluent Infantile Jumbled sequence
Syntax: Simple Complex
Articulation: Clear and crisp Cluttered

F. THE CIRCLED WORDS HELP DESCRIBE THIS APPLICANT:

aggressive anxious cheerful disobedient helpful easily discouraged
 follower influential irritable manipulative confident over-protected
 perfectionist assertive honest shy social vivacious
 insecure well-liked positive leader negative leader self-disciplined passive/resistant

Does the applicant exhibit any behavior which disrupts or distracts group activities? (If yes, please explain)

G. PERSONAL QUALITIES:

Maturity in terms of age and grade	Very mature	Above average	Normal	Somewhat immature	Very immature
Consideration of others	Unusually considerate	Usually considerate	Rarely considerate	Selfish	
Social adjustment with peers	Healthy relationships	Occasional minor problems	Frequent minor problems	Relates poorly	
Stability	Stable	Somewhat tense	Seeks much attention	Easily frustrated	
Sense of humor	Delightful	Good	Normal	Rarely smiles or laughs	
Self-confidence	Healthy self-image	Needs some support	Appears overly confident	Needs much reassurance	
Integrity	Very honest	Usually trustworthy	Some reservations	Untrustworthy	
Conduct	Well-behaved	Usually obeys rules	Occasional misconduct	Frequent disruptions	
Attitude of parents	Cooperative	Indifferent	Overly protective	Antagonistic	
Health of applicant	Excellent	Seldom sick	Occasionally sick	Frequently sick	

H. Has the applicant been evaluated for any physical, emotional, or academic reasons? Yes* No Don't know

I. Is the applicant currently on medications or has the applicant been on medications? Yes* No Don't know

J. Have you observed any signs of learning disabilities? Yes* No Don't know

*** If yes to above, please explain. If necessary, use an additional sheet.**

K. Have all financial obligations to your school been fulfilled? _____

L. Do you have any additional information which might be helpful in our evaluation of this student? Please enclose copies of any test results.

To be completed by an administrator

Name Signature Date

School School Address Telephone