



PALM BEACH DAY ACADEMY

STUDENT RECOMMENDATION FORM – PRIMARY

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: _____

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 _____.

Days per week enrolled: _____
Hours per day: _____
Size of group: _____
Age range of group: _____

A. SOCIAL DEVELOPMENT	Usually	Sometimes	Seldom
Can be a friend			
Is supportive of peers			
Is comfortable with adults			
Plays alone happily			
Cooperates			
Initiates play activities			
Has the capacity to lead			
Has the capacity to follow			
Uses materials purposefully			
Exhibits appropriate sense of humor			

Comments on the above:

B. PHYSICAL DEVELOPMENT	Outstanding	Age-appropriate	Needs development
Small-muscle control and coordination			
Large-muscle control and coordination			
Speech development (articulation)			
Auditory development			
Visual development			

Comments on the above:

LOWER CAMPUS (PREK-2 - GRADE 3)
1901 SOUTH FLAGLER DRIVE, WEST PALM BEACH, FLORIDA 33401
PHONE 561-832-8815

UPPER CAMPUS (GRADES 4 - 8)
241 SEAVIEW AVENUE, PALM BEACH, FLORIDA 33480
PHONE 561-655-1188

C. SKILL DEVELOPMENT

Usually

Sometimes

Seldom

- Is attentive one-on-one
- Listens in a group
- Contributes to group discussions
- Follows directions
- Works cooperatively
- Completes tasks
- Respects classroom routines
- Moves easily from one activity to another
- Responds positively to discipline
- Is curious
- Is willing to try new activities
- Is a self-starter
- Enjoys new challenges
- Exhibits problem-solving abilities
- Expresses ideas well

Comments on the above:

When applicable, please comment on:

Beginning reading skills

Beginning math skills

- D. Has the applicant been evaluated for any physical, emotional, or academic reasons? Yes* No Don't know
- E. Is the applicant currently on medications or has the applicant been on medications? Yes* No Don't know
- F. 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.**

G. Have all financial obligations to your school been fulfilled? _____
To be completed by an administrator

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

<i>Name</i>	<i>Signature</i>	<i>Date</i>
<hr/>	<hr/>	<hr/>
<i>School</i>	<i>School Address</i>	<i>Telephone</i>

NONDISCRIMINATION POLICY

PALM BEACH DAY ACADEMY ADMITS STUDENTS OF ANY RACE, COLOR, RELIGIOUS AFFILIATION, NATIONAL AND ETHNIC ORIGIN TO ALL THE RIGHTS, PRIVILEGES, PROGRAMS, AND ACTIVITIES MADE AVAILABLE TO STUDENTS AT THE SCHOOL.

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