

BAAIS PRE-K & K

SCHOOL RECOMMENDATION

Please check **all** schools to which your child is applying.

- ACADEMY OF THE HOLY NAMES
- BERKELEY PREPARATORY SCHOOL
- CARROLLWOOD DAY SCHOOL
- CORBETT PREPARATORY SCHOOL
- ST. JOHN'S EPISCOPAL DAY SCHOOL
- ST. MARY'S EPISCOPAL DAY SCHOOL
- SAINT PAUL'S SCHOOL

PERMISSION FOR SCHOOL TO RELEASE STUDENT RECORDS

Child's current school must make a copy of this form and retain as record of parent permission.

Name of Applicant _____ Grade Applying _____

The form below is to be completed by the appropriate person at your child's current school (principal, director or current teacher) **after November 15**. **Please be advised that this evaluation refers to pre-kindergarten and kindergarten applicants. Some areas may not be applicable to your child. This list is not a reflection of what is expected, but rather the level of functioning of a child at this point in time.** The Admissions Committee cannot act until this confidential recommendation has been received. This form will be used only for the admissions process and will not become a part of the student's permanent record at the school(s) selected above or shared with the applicant's family. The current school will mail or email this form and any available evaluative reports directly to the school to which your child is applying.

A parent may not "hand carry" this form to the school.

In order to allow the applicant to be considered for admission to the school(s) selected above, I/We authorize the release of my/our child's records. I/We release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents and other information provided to the school for that purpose. I/We will not seek access to confidential recommendation and evaluation materials before and/or after the admission decision is made.

Signatures of Parents/Guardians _____ Date _____

SCHOOL RECOMMENDATION CHECKLIST TO BE COMPLETED AFTER NOVEMBER 15

To be completed by principal, director or current teacher

Name of Applicant _____ Grade Applying _____

We would appreciate your completion of the following form. It provides one way of getting to know the child and is viewed with the full awareness that young children are constantly changing and developing. **Please note that this form is for both pre-kindergarten and kindergarten applicants. Some areas may not be applicable to the child you are evaluating. This list is not a reflection of what is expected, but rather the level of functioning of a child at this point in time. All information is kept strictly confidential and used only for admissions purposes. Please note that we place particular value on your comments. We suggest you retain a copy of this form for your records.** If you wish to discuss this student personally rather than complete this form, please check here _____, sign the form, and note your telephone number. A member of the admissions staff will call you.

Signature of Evaluator _____ Date _____

Printed Name _____ Relationship to Applicant / Length of Acquaintance _____

Signature of Principal / Head of School _____ Date _____

Name of School _____

School Address _____ Email _____ Telephone (____) _____

What adjectives or phrases first come to your mind in describing the applicant? Please note both strengths and weaknesses.

Please check the items that describe this child:

- | | | | | |
|-------------------------------------|---|---|--|-----------------------------------|
| <input type="checkbox"/> Agreeable | <input type="checkbox"/> Imaginative | <input type="checkbox"/> Reserved, but friendly | <input type="checkbox"/> Curious | <input type="checkbox"/> Happy |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Persevering | <input type="checkbox"/> Angry |
| <input type="checkbox"/> Talkative | <input type="checkbox"/> Noticeably shy | <input type="checkbox"/> Verbal | <input type="checkbox"/> Adaptable | <input type="checkbox"/> Nervous |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Demanding | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Even tempered | <input type="checkbox"/> Cautious |

Parent Support:

- | | | | |
|--------------------------------------|-------------------------------|-------------------------------|--|
| <input type="checkbox"/> Outstanding | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> No basis for judgment |
|--------------------------------------|-------------------------------|-------------------------------|--|

Reading:

- | | | |
|-----------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Emergent | <input type="checkbox"/> Beginning | <input type="checkbox"/> Fluent |
|-----------------------------------|------------------------------------|---------------------------------|

(continued on back)

