



ISAAGNY Form Instruction Sheet

We greatly appreciate your taking the time to complete this form, as it provides an additional way of getting to know the student. We will review your input with the understanding that students are constantly changing and developing.

As you complete the form, please consider:

- We're looking for a candid assessment of the student's ongoing development, strengths, and areas with room for improvement.
- Your assessment should be based on who they are in your class this year. If you cannot speak to the student's current performance or are not currently teaching the student, you are likely not the appropriate person to be completing the form (the exception is those filling out the General Recommendation form for Middle/Upper School applicants).
- Please keep in mind the student's relative age within their class cohort.
- If you are unsure of the answer to a question, please indicate that and add more notes at the end of the section.
- The comment boxes are very helpful to admission offices. We would appreciate 3-4 sentences in each comment box, including specific examples.

CONFIDENTIALITY:

Preparers and recipients are expected to maintain the information in strict confidence. Preparers and recipients are prohibited from sharing this information with parents/guardians/students, and ISAAGNY does not provide this information to parents/guardians/students unless required by subpoena or court order.

HOW AND WHEN TO SUBMIT:

- All completed forms should be sent directly to the school(s) to which each student is applying. We suggest you do not submit prior to November 1, so that you have time to get to know the student before completing this form.
- You may receive multiple requests to complete this form, as each ISAAGNY school has its own application process and software.
- Do not send completed forms to ISAAGNY, as we do not process or forward paperwork.
- We recommend saving a copy of the completed forms, just in case of technological glitches.

***Please note:** Text fields have limited character space, and your text responses should fit within the space provided. Copied and pasted text extending beyond the text box will require editing to fit within the text field provided.*



CONFIDENTIAL Form for Applicants to 3 and 4 Year Old Groups
2024-25

We greatly appreciate your taking the time to complete this form. It provides one way of getting to know the student and is reviewed with the understanding that students are constantly changing and developing. Our intention is to establish a dynamic understanding of the student, and your observations and descriptions are essential in this process. Preparers and recipients are expected to maintain the information in strict confidence and to refrain from sharing it with students, parents, or guardians.

Child's Name: _____ Name usually called: _____

Birthdate: _____ Current School: _____

Current School Address:

Current School Phone: _____ Date child entered school: _____

Current Teacher: _____ Date of this report: _____


Name, Email and Phone of person completing this report:

How long have you known this student? _____

How much time per week is this student in your class? _____

Student's primary language: _____ Language(s) spoken at home: _____

List six adjectives to describe this student:

PHYSICAL DEVELOPMENT					
	Area of Strength	Age Appropriate	Progressing Towards Age Appropriate	Area of Concern	N/A
Gross Motor Coordination					
Participates in physical group activities	●	●	●	●	●
Gait, fluidity, smoothness of movement	●	●	●	●	●
Small Motor Coordination					
Participates in small motor activities	●	●	●	●	●
Works with playdoh, clay, water, sand	●	●	●	●	●
Builds with blocks or manipulatives	●	●	●	●	●
Draws, paints, or glues	●	●	●	●	●
Uses implements (fork/spoon) to feed self	●	●	●	●	●
General Health					
Energy level: outdoors/in classroom	●	●	●	●	●
PERCEPTUAL DEVELOPMENT					
Completes puzzles (How many pieces?)	●	●	●	●	●
Notices, creates, replicates patterns	●	●	●	●	●
Recognizes written name	●	●	●	●	●

COMMENTS:

What are the child's favorite large-motor activities?

What are the child's favorite small-motor or perceptual activities?

SOCIAL/EMOTIONAL DEVELOPMENT

	Area of Strength	Age Appropriate	Progressing Towards Age Appropriate	Area of Concern	N/A
Separation from parents/caregivers	●	●	●	●	●
Display confidence	●	●	●	●	●
Accepts limits/boundaries	●	●	●	●	●
Willingly follows directions individually	●	●	●	●	●
Willingly follows directions in group	●	●	●	●	●
Displays impulse control	●	●	●	●	●
Engages with peers (describe below)	●	●	●	●	●
Engages with adults (describe below)	●	●	●	●	●
Makes eye contact	●	●	●	●	●
Resolves conflicts/disputes verbally	●	●	●	●	●
Respects self/own property	●	●	●	●	●
Respects others/their items	●	●	●	●	●
Tolerates frustration/self-chosen activity	●	●	●	●	●
Tolerates frustration/assigned activity	●	●	●	●	●
Appreciates humor/appropriately silly	●	●	●	●	●
Ability to focus on an activity	●	●	●	●	●
Cooperative attitude	●	●	●	●	●
Makes transitions easily	●	●	●	●	●
Reacts positively to new events/changes	●	●	●	●	●




COMMENTS:

How would you describe the child's temperament?


What activities does the child especially enjoy?

Please describe the quality of this child's interactions with classmates.

Please describe the quality of this child's interactions with adults.

INTELLECTUAL DEVELOPMENT					
	Area of Strength	Age Appropriate	Progressing Towards Age Appropriate	Area of Concern	N/A
Receptive Skills					
Aby follows directions given to a group	●	●	●	●	●
Aby follows directions given individually	●	●	●	●	●
Converses with adults and children	●	●	●	●	●
Expressive Skills					
Clear articulation (describe)	●	●	●	●	●
Fluency of expression (as opposed to stammering)	●	●	●	●	●
Vocabulary: uses precise words as opposed to fillers ('uhm')	●	●	●	●	●
Remembers classmates'/teachers' names	●	●	●	●	●
Remembers and recites nursery rhymes	●	●	●	●	●
Remembers and retells events/stories in sequence	●	●	●	●	●
Creates dramatic play scenarios	●	●	●	●	●
Asks <i>why, how come</i> questions	●	●	●	●	●
Emergent Literacy					
Handles, browses, looks over books	●	●	●	●	●
Enjoys being read to/ asks to be read to	●	●	●	●	●
Acts out favorite stories (books/media)	●	●	●	●	●
Emergent Math					
Sorts objects in categories (animals/ plants)	●	●	●	●	●
Grades objects by size	●	●	●	●	●

INTELLECTUAL DEVELOPMENT

	Area of Strength	Age Appropriate	Progressing Towards Age Appropriate	Area of Concern	N/A
Emergent Math (cont'd)					
Names colors or shapes in environment	●	●	●	●	●
Uses size comparison	●	●	●	●	●
Understands over, under...	●	●	●	●	●

COMMENTS:

Please comment on the child’s language and speech development. Any idiosyncratic language? (Please be specific.)

Please comment briefly on any physical, social-emotional, or intellectual strengths or concerns, including general health.



FAMILY

Is there anything significant about home life which will help us understand this child? (new baby, move, divorce/separation)

Have all financial obligations been met?

Have you received active cooperation from the parents?

To your knowledge, is the parent's perception of the child compatible with the school's understanding of the child?

Please describe parents' involvement with the school.

Best number to call should the Admissions Office(s) have questions: _____

Teacher's Signature: _____ Date: _____