

Applicants to GRADES PreK - 1 CONFIDENTIAL COMMON RECOMMENDATION FORM

This common recommendation form is accepted by all independent schools who are members of ADVIS (Association of Delaware Valley Independent Schools). To be signed by the parents or guardians and given to the student's present school.

I/We understand that we may not look at this evaluation and assure the evaluator and the school that we will not try to do so. We give permission for the evaluator to release the information on this form to the schools to which we are applying for admission. We understand that as parents we will not have access to this confidential information and that it will not become part of our child's permanent record.

First Parent/Guardian Signature	Date
Second Parent/Guardian Signature	Date
Name of Student	has applied for grade

To the Evaluator: Please complete both sides of this form and send to all requesting schools. Your comments will be held in strictest confidence. Thank you very much for your cooperation and assistance.

How long have you known this student? _

Social/Emotional Development Cooperates Initiates play activities Shares well Is imaginative Has the potential to lead Has the capacity to follow Uses materials purposefully Is curious Is comfortable with adults Works well independently Responds positively to criticism	Exceeds age expectations	Age appropriate	No basis for judgment
Comment on social/emotional developmen	t		
Physical Development Small muscle control and coordination Large muscle control and coordination Speech development (articulation) Stamina Pencil Grip Comment on physical development			
Pre-Academic Skill Development Is attentive Listens in a group Contributes to discussions Follows directions Works cooperatively Completes tasks Can focus on one task Respects classroom routines Moves easily from one task/activity to Is a self-starter Exhibits problem solving abilities Expresses thoughts well Comment on pre-academic skill development			

Please comment on each of the following regarding this child					
What words come quickly to mind when you describe this child?					
Interaction with other children, cooperation, respects the rights of others, willingness to share, responsibility for own actions					
To your knowledge, are the parents in agreement with your view of the student? Yes No					
How would you describe this student's expressive and receptive language skills?					
Comments or other information you believe might be helpful (other specific strengths and weaknesses?).					
For children applying to First Grade, please describe child's development of readiness for					
Beginning reading skills					
Beginning math skills					
May we contact you for further information? Yes No					
TEACHER'S NAME					
POSITION SCHOOL NAME					
SCHOOL ADDRESS					
TELEPHONE E-MAIL					
SIGNATURE DATE					
Thank you for taking the time to complete this evaluation.					
Please mail directly to:					
Admission Office Friends Select School					
17th & Benjamin Franklin Parkway					

Philadelphia, PA 19103-1284 215-864-2979 facsimile deandraw@friends-select.org