

Confidential Student Recommendation Form



We appreciate your cooperation in completing this form. It provides one way for us to get to know the applying student and is received with the full awareness that young children are constantly growing, changing and developing. Please leave blank any sections that you are unable to answer.

Name of student: _____

Current Grade: _____

Name of person completing this form: _____

Title: _____

What is the best way to contact you with any additional questions? _____

Please include this contact information in the blank provided at the end of this form.

What is your relationship to the applicant? _____

How long have you known the applicant? _____

How well do you know the applicant? *(Please check the appropriate box below)*

Not at all

Minimally

Moderately

Fully

Please describe the child and include comments on the child's personality, maturity-level, and self-confidence.

We welcome all information that you think would be helpful. Please use a separate sheet of paper as needed.

Please describe the parents' level of cooperation and involvement with your program.

Confidential Student Recommendation Form



Student's Personal Characteristics and Abilities

Place a check in the appropriate box, according to the following categories: C=Consistently, S=Sometimes, R=Rarely

Social Development	C	S	R
Can be a friend			
Is supportive of peers			
Plays alone happily			
Cooperates in play			
Shares well			
Initiates play			
Has the capacity to lead			
Has the capacity to follow			
Is imaginative			
Uses material purposefully			
Is comfortable with adults			
Responds well to correction			
Is polite			

Pre-Academic Skill Development	C	S	R
Is attentive			
Listens in a group			
Contributes to group discussion			
Follows directions			
Works cooperatively			
Works neatly			
Completes assigned tasks promptly			
Respects classroom routine			
Is curious			
Is willing to try new activities			
Enjoys new challenges			
Exhibits problem-solving skills			
Expresses ideas well			

Place a check in the appropriate box and provide comments whenever possible:

Physical Development	Outstanding	Age Appropriate	Needs Development	Comments
Small muscle control and coordination				
Large muscle control and coordination				
Speech development				
Writing development				
Reading development				
Mathematical development				

I hereby certify that the information provided above is true and accurate, to the best of my knowledge.

Signature: _____

Organization: _____

Printed Name: _____

Contact Information: _____

Please return this form directly to the Ambleside School Office, marked "Admissions":

Via Mail: **1510 East Phillips Ave., Centennial, CO 80122-3276**, or Fax: **720-863-2182**.

If you would like to speak with our Principal or Director of Admissions, please dial 720-468-0464. Thank you!