

TO THE APPLICANT: Please select a teacher to complete the form below. He/she will provide important information for the admission committee to review.

TO THE RECOMMENDER: The student named below is a candidate for admission to Shaker Road School. The Admission Committee depends upon and values your assessments when making its final decision. We appreciate your candid responses to the questions below and any specific comments you may have regarding this applicant. **Please be assured that all information will be kept confidential and not kept as part of this student's permanent record.**

Name of applicant: For grade:

How long have you known this applicant? In what capacity?

What are the first words that come to mind when describing this applicant?

Please describe specifically any of the candidate's attributes you feel are particularly noteworthy:

Personal and Cognitive Development

PLEASE EVALUATE THE CANDIDATE'S PERFORMANCE IN THE FOLLOWING AREAS BY MARKING IN THE APPROPRIATE BOX FOR EACH ITEM BELOW.

PERSONAL AND COGNITIVE DEVELOPMENT	Needs Improvement	Needs Improvement	Age Appropriate	Age Appropriate	Exhibits Strength
Accepts responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates well with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates well with teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens carefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work in small groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizes work space and materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds favorably to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes constructive use of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a positive attitude when participating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tries to improve quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes academic risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiastic about learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make any descriptive comments regarding student's *personal and cognitive development*:

Academic Performance

PLEASE EVALUATE THE CANDIDATE'S PERFORMANCE IN THE FOLLOWING AREAS BY MARKING IN THE APPROPRIATE BOX FOR EACH ITEM BELOW.

ACADEMIC PERFORMANCE	Below Grade		Consistent with Grade		Above Grade	
	Level	-----	Level	-----	Level	-----
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there ability grouping in your class?

Yes No

If yes, please indicate in which group this student lies:

READING: Bottom Middle Top

MATH: Bottom Middle Top

Please make any descriptive comments regarding student's *academic performance*:

Please comment on student's beginning literacy and writing skills.

Please comment on student's beginning math skills.

PLEASE EVALUATE THE CANDIDATE'S PERFORMANCE IN THE FOLLOWING AREAS BY MARKING IN THE APPROPRIATE BOX FOR EACH ITEM BELOW.

PHYSICAL DEVELOPMENT	Needs Improvement		Age Appropriate		Exhibits Strength
Fine motor control/coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross Motor control/coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech development (articulation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please identify and describe any special needs, including auditory and visual development.

PERSONAL AND COGNITIVE DEVELOPMENT	Needs Improvement		Age Appropriate		Exhibits Strength
Able to work in large groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plays cooperatively with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses emotions in appropriate ways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



TEACHER RECOMMENDATION FORM
For Students Applying to Grade 1

Overall, please rate this applicant's prospect for success at Shaker Road School:

- | | | | |
|------------------------------------|--|--|--|
| For Academic Promise | <input type="checkbox"/> Do not recommend* | <input type="checkbox"/> Recommend with reservation* | <input type="checkbox"/> Recommend confidently |
| For Character and Personal Promise | <input type="checkbox"/> Do not recommend* | <input type="checkbox"/> Recommend with reservation* | <input type="checkbox"/> Recommend confidently |

*Please explain:

Please comment on parent cooperation and support of the child's school experience:

Additional Comments:

Completed by: _____ May we contact you with further questions? Yes No

Phone # where we can reach you: _____ and/or Email Address: _____

Signature: _____ Date: _____

Thank you for your help in making the decision in regard to this candidate a more informed one.