

Pre-Primary School

Recommendation

To be completed by a teacher and returned directly to Laurel School

Candidate's name _____

Name of present school _____ Phone _____

School Head _____ Teacher's name _____

Number of years and/or months child has attended school _____ Size of class _____

Please tell us what you consider to be the candidate's greatest strengths and greatest weaknesses.

What has been the relationship between the child's home and the school?

Has the child received any special help while at your school (speech, reading, math, psychological testing or counseling, etc.)?

Are there any special medical circumstances of which we should be aware?

Please provide any additional comments or information which you feel would be helpful.

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Recommendation continued

Describe this child's social, emotional, physical and intellectual development compared to that of her peer group.

What are the child's favorite activities in the room? Least favorite? How does the child use available materials?

How well does the child interact (and how much time does the child spend) with other children, with teachers, with parents? How much time does the child spend playing/working independently?

To the best of my knowledge, the information given above is accurate.

Name of individual who completed this form (please print)

Signature of teacher or school official _____ Date _____

May we contact you for further information? Yes No

If yes, phone number _____

All information will be treated with strict confidentiality.