



PALM BEACH DAY ACADEMY

STUDENT RECOMMENDATION FORM – PRIMARY

ADMISSION OFFICE
1901 SOUTH FLAGLER DRIVE, WEST PALM BEACH, FLORIDA 33401
PHONE 561-832-8815 FAX 561-832-3343

www.pbday.org

This form should be returned to the Admission Office at the address above.

To: Current Teacher or School Head

Name of Student _____ Applicant to Grade _____

Your assessment of this student’s emotional and social growth, intellectual development, and relationships within the school community is a vital component of the admission process at Palm Beach Day Academy. We appreciate your consideration and cooperation in completing this form, and we assure you that all information furnished will be kept confidential.

I have known this student for _____ year(s). My relationship has been that of _____.

Days per week enrolled: _____

Hours per day: _____

Size of group: _____

Age range of group: _____

A. SOCIAL DEVELOPMENT

Usually

Sometimes

Seldom

Can be a friend

Is supportive of peers

Is comfortable with adults

Plays alone happily

Cooperates

Initiates play activities

Has the capacity to lead

Has the capacity to follow

Uses materials purposefully

Exhibits appropriate sense of humor

Comments on the above:

B. PHYSICAL DEVELOPMENT

Outstanding

Age-appropriate

Needs development

Small-muscle control and coordination

Large-muscle control and coordination

Speech development (articulation)

Auditory development

Visual development

Comments on the above:

LOWER CAMPUS

1901 SOUTH FLAGLER DRIVE, WEST PALM BEACH, FLORIDA 33401

UPPER CAMPUS

241 SEAVIEW AVENUE, PALM BEACH, FLORIDA 33480

C. SKILL DEVELOPMENT

Usually

Sometimes

Seldom

Is attentive one on one

Listens in a group

Contributes to group discussions

Follows directions

Works cooperatively

Completes tasks

Respects classroom routines

Moves easily from one activity to another

Responds positively to discipline

Is curious

Is willing to try new activities

Is a self-starter

Enjoys new challenges

Exhibits problem-solving abilities

Expresses ideas well

Comments on the above:

When applicable, please comment on:

Beginning reading skills

Beginning math skills

D. Has the applicant been evaluated for any physical, emotional, or academic reasons? Yes* No Don't know

E. Is the applicant currently on medications or has the applicant been on medications? Yes* No Don't know

F. Have you observed any signs of learning disabilities? Yes* No Don't know

* If yes to above, please explain. If necessary, use an additional sheet.

G. Have all financial obligations to your school been fulfilled? _____
To be completed by an administrator

H. Do you have any additional information which might be helpful in our evaluation of this student? Please enclose copies of any test results.

Name Signature Date

School School Address Telephone

NONDISCRIMINATION POLICY

PALM BEACH DAY ACADEMY ADMITS STUDENTS OF ANY RACE, COLOR, RELIGIOUS AFFILIATION, NATIONAL AND ETHNIC ORIGIN TO ALL THE RIGHTS, PRIVILEGES, PROGRAMS, AND ACTIVITIES MADE AVAILABLE TO STUDENTS AT THE SCHOOL.