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 provided will be kept confidential.

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

A. ACADEMIC QUALITIES (PLEASE CIRCLE)

<table>
<thead>
<tr>
<th>Academic Ability</th>
<th>Exceptional</th>
<th>Above average</th>
<th>Average</th>
<th>Below average</th>
<th>No basis for judgement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual curiosity</td>
<td>Exceptional</td>
<td>Good</td>
<td>Has some difficulty</td>
<td>Limited</td>
<td>No basis for judgement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ability to express ideas orally</th>
<th>Joins in readily</th>
<th>Participates occasionally</th>
<th>Contributes when called on</th>
<th>Wants to dominate</th>
<th>Rarely contributes</th>
<th>No basis for judgement</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Follows directions, ideas orally</th>
<th>Quickly and correctly</th>
<th>Occasionally</th>
<th>Needs much explanation</th>
<th>No basis for judgement</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Attention span</th>
<th>Exceptionally good</th>
<th>Usually good</th>
<th>Occasionally distracted</th>
<th>Easily distracted</th>
<th>No basis for judgement</th>
</tr>
</thead>
</table>

B. READING READINESS SKILLS (CHECK ALL THAT APPLY)

- O Enjoys listening to stories
- O Can tell about events in sequence
- O Knows the letters of the alphabet
- O Recognizes many words
- O Knows letter/sound correspondence
- O Tells stories from pictures
- O Recognizes differences in size and shape
- O Can hear likeness and differences
- O Can distinguish words beginning with same sound
- O Can distinguish rhyming words
- O Can hear likeness and differences
- O Can distinguish rhyming words
- O Can do simple calculations

C. MATHEMATICS READINESS SKILLS (CHECK ALL THAT APPLY)

- O Recognizes numbers through 10
- O Can make a simple pattern
- O Has developed a 1 to 1 correspondence
- O Sorts by one characteristic
- O Can do simple calculations

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D. MOTOR SKILLS DEVELOPMENT  (1-With ease, 2-With difficulty, 3-Not at all)

Cuts _____ Traces _____ Colors _____ Draws _____ Writes name _____ Strings beads _____
Builds with blocks _____ Hops _____ Skips _____ Climbs _____

Does he/she use the same hand consistently? _____ Which hand? _____

E. LANGUAGE/SPEECH:  O Fluent  O Infantile  O Jumbled sequence
Syntax:  O Simple  O Complex
Articulation:  O Clear and crisp  O Cluttered

F. THE CIRCLED WORDS HELP DESCRIBE THIS APPLICANT:

aggressive  anxious  cheerful  disobedient  helpful  easily discouraged
follower  influential  irritable  manipulative  confident  over-protected
perfectionist  assertive  honest  shy  social  vivacious
insecure  well-liked  positive leader  negative leader  self-disciplined  passive/resistant

Does the applicant exhibit any behavior which disrupts or distracts group activities? (If yes, please explain)

_______________________________________________________________________________________________
_______________________________________________________________________________________________

G. PERSONAL QUALITIES:

Maturity in terms of age and grade

<table>
<thead>
<tr>
<th></th>
<th>Very mature</th>
<th>Above average</th>
<th>Normal</th>
<th>Somewhat immature</th>
<th>Very immature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consideration of others</td>
<td>Unusually considerate</td>
<td>Usually considerate</td>
<td>Rarely considerate</td>
<td>Selfish</td>
<td></td>
</tr>
<tr>
<td>Social adjustment with peers</td>
<td>Healthy relationships</td>
<td>Occasional minor problems</td>
<td>Frequent minor problems</td>
<td>Relates poorly</td>
<td></td>
</tr>
<tr>
<td>Stability</td>
<td>Stable</td>
<td>Somewhat tense</td>
<td>Seeks much attention</td>
<td>Easily frustrated</td>
<td></td>
</tr>
<tr>
<td>Sense of humor</td>
<td>Delightful</td>
<td>Good</td>
<td>Normal</td>
<td>Rarely smiles or laughs</td>
<td></td>
</tr>
<tr>
<td>Self-confidence</td>
<td>Healthy self-image</td>
<td>Needs some support</td>
<td>Appears overly confident</td>
<td>Needs much reassurance</td>
<td></td>
</tr>
<tr>
<td>Conduct</td>
<td>Well-behaved</td>
<td>Usually obeys rules</td>
<td>Occasional misconduct</td>
<td>Frequent disruptions</td>
<td></td>
</tr>
<tr>
<td>Health of applicant</td>
<td>Excellent</td>
<td>Seldom sick</td>
<td>Occasionally sick</td>
<td>Frequently sick</td>
<td></td>
</tr>
<tr>
<td>Attitude of parents</td>
<td>Cooperative</td>
<td>Indifferent</td>
<td>Overly protective</td>
<td>Antagonistic</td>
<td></td>
</tr>
</tbody>
</table>

H. Has the applicant been evaluated for any physical, emotional, or academic reasons? O Yes* O No O Don’t know
I. Is the applicant currently on medications or has the applicant been on medications? O Yes* O No O Don’t know
J. Have you observed any signs of learning disabilities? O Yes* O No O Don’t know

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

K. Have all financial obligations to your school been fulfilled? ___________________________________________________

L. 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

To be completed by an administrator

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

______________________________  ________________________________  ________________________________
School     School Address       Telephone

To be completed by an administrator