



# PALM BEACH DAY ACADEMY

## STUDENT RECOMMENDATION FORM – PRIMARY

Please return this completed form via email to:  
Stephanie Filauro, Director of Admission, at admission@pbdays.org.

To: Current Teacher or School Head

Name of Student: \_\_\_\_\_

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 \_\_\_\_\_.

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:

**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.

**LOWER CAMPUS (PREK-2 - GRADE 3)**  
1901 SOUTH FLAGLER DRIVE, WEST PALM BEACH, FLORIDA 33401  
PHONE 561-832-8815 FAX 561-832-3343

**UPPER CAMPUS (GRADES 4 - 9)**  
241 SEAVIEW AVENUE, PALM BEACH, FLORIDA 33480  
PHONE 561-655-1188 FAX 561-655-5794

**WWW.PBDAY.ORG**