

Children's House Recommendation for Admissions to Montessori School of Duluth (MN)

Parents/Guardian

Child's Name: _____ Gender: _____

Birthdate: _____ Name Usually Called: _____

Parents' Names: _____

Address: _____ Zip: _____ Phone: _____

Recommender

Confidentiality: We greatly appreciate your taking the time to complete this form. It provides one way of getting to know the child and is reviewed with the understanding that students are constantly changing and developing. We place particular value on your observations of classroom behavior and your descriptive comments in each area. Recommenders are expected to maintain the information in strict confidence and to refrain from sharing it with students, parents, or guardians.

Recommender name: _____ How long have you known this child? _____

Present School: _____ Phone: _____ Entrance Date: _____

Currently attends: Days per week: _____ Hours per day: _____ Date of this report: _____

Language spoken at home: _____ Does child speak other languages? _____

Dominance: Right: _____ Left: _____ Not established: _____

PHYSICAL DEVELOPMENT

CATEGORY	AREA OF STRENGTH	AGE APPROPRIATE	PROGRESSING TOWARDS AGE APPROPRIATE	AREA OF CONCERN	NO BASIS FOR JUDGEMENT
Gross Motor Coordination					
Participates in physical group activities					
Gait, fluidity, smoothness of movement					
Small Motor Coordination					
Participates in small motor activities					
Works with playdoh, clay, water, sand					
Builds with blocks or manipulative					
Draws, paints, or glues					
Uses implements (fork/ spoon) to feed self					
General Health					
Energy level: outdoors/ in classroom					

PERCEPTUAL DEVELOPMENT

CATEGORY	AREA OF STRENGTH	AGE APPROPRIATE	PROGRESSING TOWARDS AGE APPROPRIATE	AREA OF CONCERN	NO BASIS FOR JUDGEMENT
Completes puzzles (how many pieces?)					
Notifies, creates, replicates patterns					
Recognizes written name					

Comment: What are the child's favorite large-motor activities?

What are the child's favorite small-motor or perceptual activities?

RECEPTIVE SKILLS

	AREA OF STRENGTH	AGE APPROPRIATE	PROGRESSING TOWARDS AGE APPROPRIATE	AREA OF CONCERN	NO BASIS FOR JUDGEMENT
Able follows directions given to a group					
Able follows directions given individually					
Converses with adults and children					

EXPRESSIVE SKILLS

Clear articulation (describe)					
Fluency of expression (as opposed to stammering)					
Vocabulary: uses precise words as opposed to fillers ('uhm')					
Remembers classmates'/ teachers' names					
Remembers and recites nursery rhymes					
Remembers and retells events/stories in sequence					
Creates dramatic play scenarios					
Asks <i>why</i> , <i>how come</i> questions					

EMERGENT LITERACY

Handles, browses, looks over books					
Enjoys being read to/asks to be read to					
Acts out favorite stories (books/media)					

EMERGENT MATH					
Sorts objects in categories (animals/plants)					
Grades objects by size					
Names colors or shapes in environment					
Uses size comparison					
Understands over, under...					

Comment: Please comment on the child’s language and speech development. Has the child been recommended for speech or language evaluation or therapy? Any idiosyncratic language? (Please be specific.) *If the space provided is not enough, you are welcome to attach a printed page for your narrative.*

Please comment briefly on any physical, socio-emotional, or intellectual strengths or concerns, including general health. *If the space provided is not enough, you are welcome to attach a printed page for your narrative.*

FAMILY

Is there anything significant about the home life which will help us understand this child? (move, new baby, divorce/separation)

To your knowledge, is the parent’s perception of the child compatible with the school’s understanding of the child?

Have you received active cooperation from the parents?

Have all financial obligation been met at school?

Please describe parents’ involvement with the school.

SIGNATURE

POSITION

DATE