

# LOWER SCHOOL RECOMMENDATION FORM

for students applying to first and second grade

Applicant's Name \_\_\_\_\_ Applying to  First Grade  Second Grade

**To the parents:** Please complete the above lines, then give this form to the appropriate teacher at your child's current school. Provide that person with a stamped envelope addressed to: Director of Admission, Rowland Hall, 720 Guardsman Way, Salt Lake City, Utah, 84108.

**To the teacher/caregiver:** The student named above is applying for admission to Rowland Hall. Your comments and evaluation of the child will be helpful to us in reaching an admission decision; however, they will be reviewed with the full awareness that children are continuously developing. The information submitted will be considered confidential and will not become part of the student's permanent school records.

## ACADEMIC EVALUATION

Exceeds Age Expectations      Age Appropriate      Needs Development

Follows and understands directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-starts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes tasks in timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributes to group discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to try new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to make transitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriately independent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

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## SOCIAL/EMOTIONAL DEVELOPMENT

Exceeds Age Expectations      Age Appropriate      Needs Development

Interacts in a positive way with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes friends easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to share	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the capacity to lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the capacity to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handles problems verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects classroom routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of consequences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toleration of frustration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

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## PHYSICAL DEVELOPMENT

Exceeds Age Expectations      Age Appropriate      Needs Development

Small muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech development (articulation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

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continued on back



PLEASE COMMENT ON EACH OF THE FOLLOWING REGARDING THIS APPLICANT

1. List the first four words that come to mind when you think of this student. \_\_\_\_\_  
\_\_\_\_\_
2. In your view, what are this student's particular strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What are his or her favorite activities? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What are this student's greatest challenges? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. How does this student show anger or frustration? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Describe this student's parents' involvement in the school \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Are the parents' expectations of their child reasonable? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Is there anything else about this applicant that would be helpful to us in forming a complete picture of the student? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you known this student? \_\_\_\_\_

Your name \_\_\_\_\_ Date \_\_\_\_\_

Home mailing address \_\_\_\_\_  
street city state zip

Your relationship to the student \_\_\_\_\_ School/Program \_\_\_\_\_ Grade Level \_\_\_\_\_

Best email or phone number to contact you for further information \_\_\_\_\_

Signature \_\_\_\_\_

Thank you for taking the time to thoughtfully evaluate this student.