



WEST CHESTER FRIENDS SCHOOL

415 North High Street West Chester, PA 19380 610-696-2937

Applicants to Pre-kindergarten, Kindergarten, First Grade

CONFIDENTIAL RECOMMENDATION FORM

ADVIS (Association of Delaware Valley Independent Schools).

Parents/ guardians: Please sign this form and give to student's current school.

Sending school: Please FAX to 610-431-1457 then mail copy.

FOR PARENT/GUARDIAN to SIGN :

I/We understand we may not look at this evaluation. We assure the evaluator and school we will not try to do so. We give permission for the evaluator to release the information on this form to the school to which we are applying for admission. We understand parents will not have access to this confidential information; it will not become part of our child's permanent record.

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Name of Student _____ **Applying for:** ___ Pre-K ___ K ___ First Grade

Evaluator: Your comments will be held in strictest confidence.

How long have you known the student and in what connection? _____

	Exceeds age expectations	Age appropriate	Needs development	No basis for judgment
Social/Emotional Development				
Cooperates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates play activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is imaginative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the potential to lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the capacity to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is curious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is comfortable with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds positively to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment on social/emotional development _____				
Physical Development				
Small muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech development (articulation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stamina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pencil Grip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment on physical development _____				
Pre-Academic Skill Development				
Is attentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributes to discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can focus on one task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects classroom routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moves easily from one task/activity to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits problem solving abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses thoughts well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment on pre-academic skill development _____				

WEST CHESTER FRIENDS SCHOOL Applicants to Pre-K, K , and First Grade

Please comment :

What words come quickly to mind when you describe this child: _____

Interaction with other children, cooperation, respects the rights of others, willingness to share, responsibility for own actions:

To your knowledge are the parents in agreement with your view of the student: Yes No Don't know

How would you describe this student's expressive and receptive language skills:

Comments or other information you believe might be helpful (other specific strengths and weaknesses?.

FIRST GRADE APPLICANTS: For children applying to First Grade, please describe the child's development of readiness for:

Beginning reading skills:

Beginning math skills :

May we contact you for further information? Yes No

TEACHER'S NAME

POSITION

SCHOOL NAME

SCHOOL ADDRESS

TELEPHONE

E-MAIL

TEACHER SIGNATURE

DATE

Thank you for taking the time to complete this evaluation.

West Chester Friends School
www.wcfriends.org
admissions@wcfriends.org 610-696-2937