

## Confidential Student Recommendation Form

We appreciate your cooperation in completing this form. It provides one way for us to get to know the applying student and is received with the full awareness that young children are constantly growing, changing and developing. Please leave blank any sections that you are unable to answer.

Name of student: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Title: \_\_\_\_\_

What is the best way to contact you with any additional questions? \_\_\_\_\_  
*Please include this contact information in the blank provided at the end of this form.*

What is your relationship to the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How well do you know the applicant? *(Please check the appropriate box below)*

Not at all

Minimally

Moderately

Fully

Please describe the child and include comments on the child's personality, maturity-level, and self-confidence.  
*We welcome all information that you think would be helpful. Please use a separate sheet of paper as needed.*

Please describe the parents' level of cooperation and involvement with your program.

**Student’s Personal Characteristics and Abilities**

Place a check in the appropriate box, according to the following categories: C = Consistently, S = Sometimes, R = Rarely

Social Development	C	S	R	Pre-Academic Skill Development	C	S	R
Can be a friend				Is attentive			
Is supportive of peers				Listens in a group			
Plays alone happily				Contributes to group discussion			
Cooperates in play				Follows directions			
Shares well				Works cooperatively			
Initiates play				Works neatly			
Has the capacity to lead				Completes assigned tasks promptly			
Has the capacity to follow				Respects classroom routine			
Is imaginative				Is curious			
Uses material purposefully				Is willing to try new activities			
Is comfortable with adults				Enjoys new challenges			
Responds well to correction				Exhibits problem-solving skills			
Is polite				Expresses ideas well			

Place a check in the appropriate box and provide comments whenever possible:

Physical Development	Outstanding	Age Appropriate	Needs Development	Comments
Small muscle control and coordination				
Large muscle control and coordination				
Speech development				
Writing development				
Reading development				
Mathematical development				

**I hereby certify that the information provided above is true and accurate, to the best of my knowledge.**

Signature: \_\_\_\_\_

Organization: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Please return this form directly to the Ambleside School Office:

**Email:** Admissions@AmblesideColorado.com

**Fax:** 720.863.2182, Attention Admissions

**Mail:** c/o Admissions, 1510 East Phillips Ave., Centennial, CO 80122-3276

If you would like to speak with our Principal or Director of Admissions, please call 720.712.0464. Thank you!