

**SCHOOL RECOMMENDATION FORM FOR
APPLICANTS FOR PreK3 AND PreK4
CONFIDENTIAL**

Child's Name: _____ Sex: M F

Name usually called: _____ Date of Birth: ____/____/____

Current School _____

School Address: _____ Phone: _____

Entrance Date: _____

Name(s) of Parent(s)/Guardian(s): _____

Address: _____ Phone: _____

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

Submitted by: _____

How long have you known this child? _____

Is the child bilingual or multilingual? If so, in which languages? _____

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

Physical Development

	Mature	Age-Appropriate	Developing	Immature	Additional Comments
Gross motor coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Participates in physical group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gait, fluidity, smoothness of movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Small motor coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Participates in small motor activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Works with playdough, clay, water, sand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Builds with blocks or manipulatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Draws, paints or glues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Uses implements (fork/spoon) to feed self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
General health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Energy level: outdoors/in classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Perceptual Development

	Mature	Age-Appropriate	Developing	Immature	Additional Comments
Completes puzzles (how many pieces?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Notifies, creates, replicates patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Recognizes written name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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

Social/Emotional Development

	Mature	Age-Appropriate	Developing	Immature	Additional Comments
Separation from parents/caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Displays confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Accepts limits/boundaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Willingly follows directions individually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Willingly follows directions in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Displays impulse control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Engages with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Engages with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Makes eye contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Resolves conflict/disputes verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respects self/own property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respects others/their property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tolerates frustration/self-chosen activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tolerates frustration/assigned activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Appreciates humor/appropriately silly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to focus on an activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cooperative attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Makes transitions easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reacts positively to new events/change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

How would you describe the child's temperament?

What activities does the child especially enjoy?

Please describe the quality of this child's interactions with classmates. Does the child play with children of both genders, show a preference for group or individual activities? Is the child a leader, follower, observer? Is the child kind to and considerate of other children?

Please describe the quality of this child's interactions with adults.

Intellectual Development

	Mature	Age-Appropriate	Developing	Immature	Additional Comments
Receptive Skills					
Able to follow directions given to a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Able to follow directions given individually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Converses with adults and children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Expressive Skills					
Clear articulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Fluency of expression (as opposed to stammering)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Vocabulary: uses precise words as opposed to fillers ("um")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Remembers classmates'/teachers' names	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Remembers and recites nursery rhymes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Remembers and retells events/stories in sequence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Creates dramatic play scenarios	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Emergent Literacy					
Handles, browses, looks over books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Enjoys being read to/asks to be read to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Acts out favorite stories (books/media)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Emergent Math					
Sorts objects in categories (animals/plants)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Grades objects by size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Names colors or shapes in environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Uses size comparisons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Understands over, under, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>

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.)

Please comment briefly on any physical, social-emotional, or intellectual strengths or concerns, including general health.

Family

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

Have all financial obligations been met?

Have you received active cooperation from the parents?

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

Please describe parents' involvement with the school.

Signed _____ Date: _____

Title _____

Please submit to:
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LOWER SCHOOL
ADMISSIONS OFFICE

41 BROAD STREET, NEW YORK, NY 10004

PHONE: 212-232-0266

FAX: 212-813-3216

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