

PLEASE COMMENT ON THE FOLLOWING:

1. Child's strengths and/or limitations _____

2. Do the parents/guardians support/follow through on specific school recommendations? _____

3. Are parental expectations of child realistic? _____

4. Are there any special concerns about the child's attendance or promptness in arrival or departure? _____

5. What kind of program would you like to see for this child? _____

6. Please make any other comments you wish to make about the applicant. Include any circumstances of which we should be aware.

SPECIFIC RECOMMENDATION:

Recommended

Recommended with reservations

Prefer not to make a recommendation

(please explain below)

(please explain below)

Check here if any information pertaining to this child/family would be better communicated by phone. Please feel free to add further narrative on additional page(s) if desired.

Your name (please print) _____ Position _____

School _____ Phone _____

Your signature _____ Date _____