



THE RED OAKS SCHOOL

Student Recommendation Form (For students applying to our 3-year-old, 4-year-old, or Kindergarten program)

To the parent(s) or guardian(s) of the applicant: Please complete the top of this form and give to your child's current teacher. If your child does not attend school, please give this form to a non-family adult who knows your child, such as a nanny, babysitter, activity teacher, or pediatrician.

Applicant's Name: _____

Applying to Grade: _____

Teacher's Name: _____

To the teacher of the applicant's present school:

This student has applied for admission to The Red Oaks School. Please fill out the following form and send it directly to The Red Oaks School Admission Office. Your comments will be held in the strictest of confidence. They will be shared only with the Admission Committee and not with the applicant's family.

Social/Emotional Development

	<i>Area of Strength</i>	<i>Age Appropriate</i>	<i>Needs Development</i>	<i>Area of Concern</i>
Accepts limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds positively to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is considerate of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has relationships with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is self-motivated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is willing to try new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is able to make transitions easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates internalization of classroom routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is comfortable with a large group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is comfortable with a small group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is able to share	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is able to wait for turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe any notable social strengths or weaknesses. Have steps been taken to address any areas of concern?

Please describe the applicant's work habits: pace, perseverance, independence, ability to work to completion, and attitude.

Are you aware of any family circumstances that affect the applicant's life at school?

Are the parent(s)' or guardian(s)' perceptions of their child consistent with the school's understanding of the child?

Is there any other information that would be helpful to us in evaluating the ability of this applicant to perform in the grade for which he/she is applying?

Expressive Skills

	<i>Area of Strength</i>	<i>Age Appropriate</i>	<i>Needs Development</i>	<i>Area of Concern</i>	<i>NA</i>
Clarity of speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluency of expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to stay on discussion topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word retrieval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate syntax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Story events told in sequence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reading

	<i>Area of Strength</i>	<i>Age Appropriate</i>	<i>Needs Development</i>	<i>Area of Concern</i>	<i>NA</i>
Sound/symbol correspondence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper case letter recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower case letter recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral reading fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Math

	<i>Area of Strength</i>	<i>Age Appropriate</i>	<i>Needs Development</i>	<i>Area of Concern</i>	<i>NA</i>
Able to recognize patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to sequence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to write numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows math facts to 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

May we contact you by phone if we have any further questions? Yes No

Mr. Mrs. Ms. Dr. Other _____

Name _____ Position _____

School _____ School Phone Number _____

Address _____

Signature _____ Date _____

Please return this form to:

The Admission Office
The Red Oaks School
21 Cutler Street
Morristown, NJ 07960