

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
(please explain below)
- Prefer not to make a recommendation
(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 _____