

DIRECTOR OR PRINCIPAL RECOMMENDATION

Thank you for taking the time to complete this recommendation form.
All information is confidential and will be used for admissions purposes only.

Name: _____ Date: _____

Name of student _____

Current School _____

Please check the appropriate box in each of the listed categories.

| | Yes | No | N/A |
|-----------------------------------------------------|-----|----|-----|
| Is child's behavior age appropriate | | | |
| Does child listen to instructions | | | |
| Does child master concepts easily | | | |
| Does child separate easily from parent or caregiver | | | |
| Does child interact well with his/her peers | | | |
| Does the child tire easily | | | |
| Is the child outgoing | | | |
| Is the child shy | | | |

Please include any other relevant information below:

Signature _____