

Name of Student _____ Birthdate _____

To the Parent:

Please sign the statement of permission below and deliver to your child's present teacher. Thank you.

To the Teacher:

My child, _____, is applying to the Robert C. Parker School. I give permission for the release of the following information concerning my child to the Robert C. Parker School.

_____ Parent Signature _____ Date

Dear Colleague,

We appreciate your cooperation in completing this form. It provides one way of getting to know the applicant and is reviewed with the full awareness that young children are constantly changing and developing. Please note that we place particular value on your comments in each area. We realize that you are busy and express in advance our appreciation for your most thoughtful consideration of the questions. Your reply will be absolutely confidential. This information does not become part of the student's record here.

SOCIAL DEVELOPMENT	Usually	Sometimes	Seldom	Never	Please Comment:
Gets and maintains the attention Of adults in acceptable ways					
Uses adults as resources					
Leads and follows peers					
Shows pride in own accomplishments					
Exhibits appropriate sense of humor					
Can handle conflicts with peers in an appropriate manner					

CLASSROOM BEHAVIOR	Usually	Sometimes	Seldom	Never	Please Comment:
Can be attentive in a group					
Contributes to group discussions					
Follows directions					
Works cooperatively					
Completes tasks					
Demonstrates ability to focus on one task					

CLASSROOM BEHAVIOR (Continued) Usually Sometimes Seldom Never

Please Comment:

Moves easily from one activity to another					
Is curious					
Is willing to try new activities					
Is a self-starter					
Enjoys new challenges					
Exhibits problem solving abilities					
Expresses ideas well					

How do the student's parents relate to the school/teacher?

We welcome any information you think would be helpful. Please include comments concerning strengths, weaknesses, health, or any special needs or concerns of this child and/or family. You may use a separate sheet of paper for further comments in any category.

Name _____ Date _____ Telephone _____

School _____ Address _____

I have known this child ____ years ____ months.

My relationship has been that of _____.

Thank you for your assistance. **Please return this form to: Robert C. Parker School
4254 NY Route 43
Wynantskill, NY 12198**