

Association of Independent Maryland & DC Schools (AIMS)
Confidential Common Recommendation Form

Please do not complete this form before November 15 and return to the School to which the student is applying by January 15.
The AIMS member schools hold the information provided on the Common Recommendation Form in strictest confidence and will not, directly or indirectly, share with students, parents or guardians. (For more information on the AIMS Best Practices regarding confidentiality of records, please visit aimsmddc.org.)

Name of Student _____ Current School _____

Grade level of _____ with _____ other students in class, attending _____ days per week _____ hours per day.

I have known this student for _____ years, _____ months Attendance is regular not regular

Is English child's primary language? _____ Language (if not English) _____

The first words that come to mind when I think of this student are _____.

Academic Readiness Skills for Reading, Writing and Computation

| | Notably Advanced | Age appropriate | Average | Below average | No basis for comment |
|-------------------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|
| Ability to listen in a group | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Contribution to discussion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to follow directions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to work cooperatively | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respect for classroom routines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to complete tasks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to focus on one task | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to transition between tasks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Response to corrections | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Willingness to try new activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to initiate activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to solve problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to express thoughts/ideas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please comment on this child's intellectual development (e.g. receptive language development, visual and auditory discrimination.)

Social/Emotional Development

| | Notably Advanced | Age appropriate | Average | Below average | No basis for comment |
|-------------------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|
| Comfort with peers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comfort with adults | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to work independently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperation in classroom activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Initiation of play activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sharing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use of imagination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Capacity to lead | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Capacity to follow | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Purposeful use of materials | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please comment on this child's social development (e.g. degree of aggression or passivity, peer relationships, adult support needed, level of play)

Please comment on this child's emotional development (e.g. self-image, ability to deal with conflict/frustration).

| Physical Development | Notably Advanced | Age appropriate | Average | Below average | No basis for comment |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Small Muscle control/coordination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Large muscle control/coordination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech development/articulation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pencil grip | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments:

Please check the words that best describe this student:

| | | | | | |
|------------|--------------------|-----------------|-----------------|------------------|------------|
| aggressive | conscientious | follower | organized | restless | well-liked |
| anxious | distracting | irritable | overprotected | self-centered | other |
| articulate | disobedient | kind | passive | self-disciplined | _____ |
| assertive | distractible | manipulative | perfectionist | shy | _____ |
| cheerful | easily discouraged | motivated | positive leader | social | |
| confident | easily frustrated | negative leader | rambunctious | vivacious | |

Please describe the parent's relationship with the school.

In your view, what are the child's particular strengths?

In your view, what are the child's particular weaknesses?

Please note any special attributes that would help us understand this student better (e.g. English as a second language, special talents in the arts, athletics, language, etc.)

Would you be willing to discuss his child by telephone if we have further questions? _____ yes _____ no

Is there information about this child that would be better communicated by telephone? _____ yes _____ no

Evaluator's Name (printed) _____ Phone number _____

Signature _____ Date _____

School _____ Position _____

Email Address _____

Preschool Director: Has the family satisfied all financial obligations to your school? _____ yes _____ no Initials _____

Please attach copies of any standardized testing.

Please photocopy this completed form and send it directly to the school(s); file the original for your records/use.