



Confidential Recommendation Form

For new students entering Grades 2 to 8
TO BE COMPLETED BY CURRENT SCHOOL TEACHERS

SECTION TO BE COMPLETED BY THE PARENT/GUARDIAN

Print the information below and give this form to your child's current teacher(s).

Student's Name: _____ Date of Birth: ____ / ____ / ____
(Last) (First) (MM / DD / YY)

Please read and sign the statement below:

For the child named above, I/We give permission for you to release the information to the school to which I/we am/are applying and understand that I/We will not have access to this confidential information.

Date: ____ / ____ / ____ SIGNATURE PRINT NAME
(MM / DD / YY)

The French American School of Princeton (FASP) offers a challenging bilingual education from Preschool through Middle School. Your insight as we work to evaluate this applicant is extremely valuable. We recognize that young children are constantly growing, changing, and developing. We appreciate any information you can give us about this child's present development, and assure you that this information will be held in confidence.

How long have you known this child? _____ Date of entry into your school: _____

LANGUAGES: In what language(s) is the student currently taught? English French Other: _____

Language	Average Hours/Week	Reading level compared to the class	Oral Expression	Written Expression
French	_____	<input type="checkbox"/> above <input type="checkbox"/> as good as <input type="checkbox"/> below	<input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> adequate <input type="checkbox"/> poor	<input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> adequate <input type="checkbox"/> poor
English	_____	<input type="checkbox"/> above <input type="checkbox"/> as good as <input type="checkbox"/> below	<input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> adequate <input type="checkbox"/> poor	<input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> adequate <input type="checkbox"/> poor
_____	_____	<input type="checkbox"/> above <input type="checkbox"/> as good as <input type="checkbox"/> below	<input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> adequate <input type="checkbox"/> poor	<input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> adequate <input type="checkbox"/> poor

READING PROGRAM: Name of series, publisher, level
(If no commercial reading program is used, please indicate books student has studied this year)

MATH PROGRAM: Name of series, publisher, level

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PLEASE CHECK APPROPRIATE BOXES

4=exceeds age expectation / **3**=age appropriate / **2**=needs development / **1**=no basis for judgment

	4	3	2	1		4	3	2	1
Attention skills, concentration, focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LISTENING	Receptive language skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Original thinking, creativity of approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		READING	Decoding	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation, effort in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Comprehension	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently & productively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			For pleasure	<input type="checkbox"/>	<input type="checkbox"/>
Seek help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WRITING	Mechanics	<input type="checkbox"/>	<input type="checkbox"/>	
Works well cooperatively / in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Spelling	<input type="checkbox"/>	<input type="checkbox"/>	
Study habits, organization, task completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Organization of ideas	<input type="checkbox"/>	<input type="checkbox"/>	
Willingness to take risks, try new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Creativity and imagination	<input type="checkbox"/>	<input type="checkbox"/>	
Participation in class discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPEAKING	Fluency, Clarity of expression	<input type="checkbox"/>	<input type="checkbox"/>	
Fine motor development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		MATH	Sense of number	<input type="checkbox"/>	<input type="checkbox"/>
Neatness of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Computation		<input type="checkbox"/>	<input type="checkbox"/>	
Emotional maturity/stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Problem-solving		<input type="checkbox"/>	<input type="checkbox"/>	
Consistency in completing assigned work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spatial sense		<input type="checkbox"/>	<input type="checkbox"/>	

1. What are the areas where the child has exhibits strength or has experienced any difficulties? _____

2. Do parents/guardians support and follow through with specific recommendations? _____

3. Are parental expectations of the child realistic? _____

4. Are there any special concerns about the child's attendance or promptness in arrival or departure? _____

5. Are there any aspects of the child's family life, physical or emotional history or situation in your school of which we should be aware?

Specific Recommendation: Recommended Recommended with reservations (please explain below) Prefer not to make a recommendation (please explain below)

Form completed by: _____ Position: _____

School Name: _____

Should we need to follow-up, when is it the best time to reach you? _____

Preferred Contact: Phone: _____ Email Address: _____

Signature: _____ Date: ____ / ____ / ____

Thank you for taking the time to complete this evaluation. Please send it directly to FASP preferably via email, if not possible by fax or mail no later than **MARCH 1.**

Email to: admissions@ecoleprinceton.org
Fax to: (609) 430 - 0370
Mail to: FASP Admissions Office, 75 Mapleton Rd, Princeton NJ 08540 (USA)