



Confidential Recommendation Form

For new students entering Preschool, Pre-K, Kindergarten and Grade 1 TO BE COMPLETED BY CURRENT DAYCARE / SCHOOL TEACHERS

SECTION TO BE COMPLETED BY THE PARENT/GUARDIAN

For the child named below, I hereby give permission for the evaluator to release the information on this form to the school to which I am applying and understand that as I will not have access to this confidential information.

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

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

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.

PLEASE CHECK APPROPRIATE BOXES

4=Exceeds age expectations / 3=Age appropriate / 2=Needs Development / 1=No basis for judgment

Rating scale (4, 3, 2, 1) for various skills including self-help, fine motor, speech, social interaction, and academic skills.

# Confidential Recommendation Form

For new students entering Preschool, Pre-K, Kindergarten and Grade 1

**For children applying to First Grade, please describe child's development of readiness for:**

Beginning reading skills: \_\_\_\_\_

\_\_\_\_\_

Beginning math skills: \_\_\_\_\_

\_\_\_\_\_

**Please comment on each of the following:**

1. How long have you known this child? \_\_\_\_\_ Date of entry into your program/school: \_\_\_\_\_

2. How many hours a day and days a week, on average, is this child in your program? \_\_\_\_\_

3. Is a nap a part of this child's current day? If so, how long does the child sleep? \_\_\_\_\_

4. Does this child cry easily? \_\_\_\_\_

5. What are the areas where the child has exhibits strength or has experienced any difficulties? \_\_\_\_\_

\_\_\_\_\_

6. Do parents/guardians support and follow through with specific recommendations? \_\_\_\_\_

\_\_\_\_\_

7. Are parental expectations of the child realistic? \_\_\_\_\_

\_\_\_\_\_

8. Are there any special concerns about the child's attendance or promptness in arrival or departure? \_\_\_\_\_

\_\_\_\_\_

9. 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: \_\_\_\_\_

Daycare Center/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 **FEBRUARY 28.**

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