

Pre-K to Grade 1

Baltimore Independent School Council COMMON REFERRAL FORM

Please do not complete this form before November 15. Return form by January 9.

The AIMS member schools abide by the policy that all information provided on the Common Referral Form will be held in the strictest confidence and will not, directly or indirectly, be shared with students, parents or guardians.

Name of Child _____ Current School _____

Applicant for Grade _____ Present Grade Level _____ with _____ other students in the class, _____ days a week, _____ hours a day.

I have known this student for _____ years, _____ months. Attendance is (please check one) regular not regular

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

Readiness Skills for Reading, Writing and Computation

	<i>Notably Advanced</i>	<i>Age Appropriate</i>	<i>Progressing Towards Age Appropriate</i>	<i>Possible Area of Concern</i>
Ability to listen in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributions to discussions	<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"/>
Ability to work cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for classroom rules	<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"/>
Ability to focus on one task	<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"/>
Willingness to try new activities	<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"/>
Ability to solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express thoughts and ideas	<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).

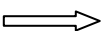
Social/Emotional Development

	<i>Notably Advanced</i>	<i>Age Appropriate</i>	<i>Progressing Towards Age Appropriate</i>	<i>Possible Area of Concern</i>
Comfort with peers	<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"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to redirection	<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"/>
Cooperation in play	<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"/>
Sharing	<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"/>
Capacity to lead	<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"/>
Purposeful use of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the 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 and frustration).

OVER



Physical Development

	<i>Notably Advanced</i>	<i>Age Appropriate</i>	<i>Progressing Towards Age Appropriate</i>	<i>Possible Area of Concern</i>
Small muscle control & coordination	<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"/>
Articulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments:

Please circle the words that describe this student

aggressive	confident	easily discouraged	influential	organized	rambunctious	shy
anxious	conscientious	energetic	irritable	passive	responsible	social
articulate	disobedient	follower	manipulative	passive-resistant	restless	vivacious
assertive	distractible	honest	motivated	perfectionist	self-centered	well-liked
cheerful	distracting	independent	negative leader	positive leader	self-disciplined	other _____

Please comment on the child-parent relationship.

Please describe the parents' relationship with the school.

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

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

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

Would you be willing to discuss this 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) _____ Signature _____

Position _____ Date _____

E-mail address _____ Telephone Number _____

For a School Administrator

Has the family satisfied all financial obligations to your school? Yes No Initials _____

(Many AIMS schools will not enroll a student until the family has met all financial obligations to the school previously attended by the student.)