



Recommendation for Students Entering Beginners and Pre-K

NAME OF APPLICANT: _____ **FOR GRADE:** _____

Founded in 1937, Pine Cobble School is an independent, coeducational day school for students from 2 years 9 months through grade 9. The Admission Committee would greatly appreciate your thoughtful response to this evaluation form. Your comments will be instrumental in our decision-making process, and we are grateful for your taking the time to share your thoughts. All recommendations are confidential.

CLASSROOM CHARACTERISTICS

	Not Yet	Sometimes	Often	Consistently
Responds appropriately to peers				
Responds appropriately to adults				
Separates comfortably from parents				
Plays alone happily				
Plays cooperatively with others				
Demonstrates ability to follow positive leads				
Settles down to activity with appropriate focus				
Follows directions				
Takes pride in work				
Cares for belongings and class environment				
Eats independently				
Uses bathroom independently				
Complies appropriately with suggestions/requests				
Responds positively to constructive criticism				
Demonstrates resilience to setbacks				
Listens in a group				
Exhibits self-control				
Expresses ideas appropriately				

Recognizing the varied pace of age-appropriate emergence, please check anywhere along the continuum. Not all characteristics may yet apply (circle N/A).

Vocabulary development _____

Young Age Appropriate Advanced

Speech articulation appropriate _____

Difficult to understand Young Age appropriate

Fine motor skills _____

Avoids Willing to try Enjoys

Alphabet recognition _____

N/A None In own name Some Most All

Letter/sound association _____

N/A None Few Many Beginning reader Fluent

Math skills _____

(patterns, shapes, numeral recognition)

N/A Young Age appropriate Advanced

Is excited for the school experience _____

Thank you for taking your valuable time to complete this evaluation.
Your reflections are an important part of the student's application.

Signature: _____

Please print name

School: _____

Address: _____

Street

City, State

Zip

Phone: _____ Date: _____