

Name of applicant: \_\_\_\_\_

**PARENT OR GUARDIAN:** please write your child's name and grade in the spaces provided (both pages), read and sign the following before submitting to your child's **nursery**.

I understand and agree that the information contained in the recommendation is **confidential**. I also understand that this form will not be available to the applicant, parents or anyone outside the Admission's Committee.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

**TEACHER:** Please complete this form (2 pages) and return by email to [esregistrar@asdubai.org](mailto:esregistrar@asdubai.org).

This form will be treated confidentially and will not be shared with parents.

Please provide information on the child's current educational program.

- Class size \_\_\_\_\_ Student/teacher ratio \_\_\_\_\_ : \_\_\_\_\_ Number of days attended per week \_\_\_\_\_
- Language of instruction \_\_\_\_\_
- Please list languages spoken in order of proficiency: \_\_\_\_\_

4. Check the student's developmental progress in the following domains:

	Above Level	On Level	Below Level	Significant Concern
Social/Emotional development				
Cognitive development				
Fine Motor development				
Gross Motor development				
Speech & Language dev.				
Separation Issues				

5. Check the appropriate box for student's attitude and behavior:

	Very Good	Good	Needs Improvement	Unsatisfactory
Attitude				
Behavioral management				
Follows directions/completes tasks				
Attentive/Focused				
Relationship with peers				
Relationship with adults				

6. Check the phrase which describes how this child performs the following tasks:

	Has Mastered	Developing	Not Yet
Using scissors			
Using crayons			
Writing own name			
Expressing self			
Assembling puzzles			
Looking at books (independently)			

7. Please check Yes or No:

	Yes	No
Does this child have any stories memorized that s/he can "read" to you?		
Does this child retell or pretend to read stories aloud to you?		
Can this child answer questions you ask about the story or the characters?		

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8. Please circle the stage of writing this child demonstrates at this time:

- |                   |                                      |
|-------------------|--------------------------------------|
| Scribbles         | Writes beginning sounds              |
| Pictures only     | Tries to write the sounds s/he hears |
| Repetitive shapes | Writes sentences                     |
| Random letters    |                                      |

9. How does the child handle conflicts? \_\_\_\_\_

10. Please check Yes or No:

	Yes	No
Does this student have special behavioral, psychological, or emotional needs that might impact the student's chances of success in school?		
Are you aware of any special testing results or evaluations?		
Is this child receiving any special medication related to assisting them in the school setting?		
Are there any special strategies or interventions that have been used with this student that you would recommend?		
Do you have any reason to suggest that this student be evaluated and/or referred for special educational or psychological services?		

*If you answered **Yes** to any of the questions above, please explain.*

11. Is this student toilet trained? Yes / No

12. Please comment on the parents' role in their child's education and their support of school policies. Do they volunteer at your school?

**Thank you for your help in our admission process!**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Name and address of school: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Email: \_\_\_\_\_