

Thru-the-Week School

Referral Form

To the Teacher:
After completing this form, mail it directly to:

Marti Lovelady
P.O. Box 647
Snellville, GA 30078
770.978.5767

For Applicants: Kindergarten

All information provided on the Referral Form will be held in the strictest of confidence and no information provided by you will be shared, directly or indirectly, with the student, parents, or guardians.

Name of child: _____ Current school: _____
Present grade level _____ with _____ other students in the class, _____
days a week, _____ hours a day. Attendance is **regular/irregular**. (Please circle one)

Academic 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>	Comments
Ability to listen in a group					
Contributions to discussions					
Ability to follow directions					
Ability to work cooperatively					
Respect for classroom routines					
Ability to complete tasks					
Ability to focus on one task					
Ability to transition between tasks					
Response to correction					
Willingness to try new activities					
Ability to initiate activities					
Ability to solve problems					
Ability to express thoughts and ideas					

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>	Comments
Comfort with peers					
Comfort with adults					
Ability to work independently					
Cooperation in classroom activities					
Cooperation in play					
Initiation of play activities					
Sharing					
Use of imagination					
Capacity to lead					
Capacity to follow					
Purposeful use of materials					

Please comment on this 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).

Physical Development

	<i>Notably Advanced</i>	<i>Age Appropriate</i>	<i>Progressing Towards Age Appropriate</i>	<i>Possible Area of Concern</i>	Comments
Small muscle control & coordination					
Large muscle control & coordination					
Articulation					

Please circle the words that describe this child:

aggressive	anxious	articulate	cheerful	disobedient
assertive	honest	influential	irritable	manipulative
follower	passive-resistant	perfectionist	responsible	self-centered
well-liked	positive leader	easily distracted	conscientious	shy
social	rambunctious	energetic	negative leader	easily encouraged
restless	organized	confident	self-disciplined	over-protected
passive	vivacious	distracting	motivated	other_____

1. Please comment on the child-parent relationship. _____

2. Please describe the parent's relationship with the school. _____

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

4. In your view, what are the child's particular weaknesses? _____

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

Teacher's Name (printed) _____ Telephone Number _____

Signature _____ Date _____

School _____ Position _____

Address _____

City _____ State _____ Zip _____