

DENVER AREA INDEPENDENT SCHOOLS FORM FOR APPLICANTS GRADES Pre-K through 5

|   |                          |                       |                |                     |
|---|--------------------------|-----------------------|----------------|---------------------|
| <input type="checkbox"/> Colorado Academy               | 3800 South Pierce St.    | Denver, CO 80235      | (303) 986-1501 | Fax: (303) 914-2589 |
| <input type="checkbox"/> Foothills Academy              | 4725 Miller Street       | Wheat Ridge, CO 80033 | (303) 431-0920 | Fax: (303) 431-9505 |
| <input type="checkbox"/> Graland Country Day School     | 30 Birch St.             | Denver, CO 80220      | (303) 399-0390 | Fax: (303) 388-2803 |
| <input type="checkbox"/> Montclair Academy              | 212 Syracuse Street      | Denver, CO 80230      | (303) 366-7588 | Fax: (303) 367-2530 |
| <input type="checkbox"/> Montessori School of Denver    | 1460 South Holly Street  | Denver, CO 80222      | (303) 756-9441 | Fax: (303) 757-6145 |
| <input type="checkbox"/> St. Anne's Episcopal School    | 2701 S.York St.          | Denver, CO 80210      | (303) 756-9481 | Fax: (303) 756-5512 |
| <input type="checkbox"/> St. Mary's Academy             | 4545 S. University Blvd. | Englewood, CO 80113   | (303) 762-8300 | Fax: (303) 783-6201 |
| <input type="checkbox"/> Stanley British Primary School | 350 Quebec Street        | Denver, CO 80230      | (303) 360-0803 | Fax: (303) 360-0353 |

*Please check the schools to which you are applying.*

## Confidential Recommendation-Current Classroom Teacher

To the Parent/Guardian: Please type or print your student's name and give this form to your current school's office with a stamped envelope for each of the schools above to which you are applying.

Applicant \_\_\_\_\_

Applying to Grade \_\_\_\_\_

Name of Current School \_\_\_\_\_

Date \_\_\_\_\_

To the Parent/Guardian: *Please read and sign the statement below:*

For the student named above, I authorize the release of school records, including an official transcript of all grades for the past two years, as well as the results of academic testing. I acknowledge that I waive my right to read the confidential teacher recommendations and the school report. I further hereby release the above school(s) from all liability pertaining to the disclosure of this information.

Signature of Applicant's Parent or Guardian \_\_\_\_\_

To the Teacher: All of the above schools share a commitment to a rigorous curriculum in a supportive atmosphere. These schools seek a student body representative of the diverse population of the Greater Denver Area. All of the schools offer tuition assistance programs based on need. With this background in mind, please complete the form below which will be accepted by any of the schools above. **This information will only be reviewed by each school's admission committee and will not become part of the student's permanent record.** Thank you for your cooperation and candor.

| Social/Emotional Development            | Not Applicable | Area of Concern | Progressing toward age approp. | Age Appropriate | Area of strength |
|---|----------------|-----------------|--------------------------------|-----------------|------------------|
| Separates easily from parents/guardians |                |                 |                                |                 |                  |
| Transitions easily                      |                |                 |                                |                 |                  |
| Can follow multi-step directions        |                |                 |                                |                 |                  |
| Cooperative in work/play                |                |                 |                                |                 |                  |
| Demonstrates self-control               |                |                 |                                |                 |                  |
| Seeks help when needed                  |                |                 |                                |                 |                  |
| Self-confidence                         |                |                 |                                |                 |                  |
| Relates well with adults                |                |                 |                                |                 |                  |
| Relates well to peers                   |                |                 |                                |                 |                  |
| Respects rules and boundaries           |                |                 |                                |                 |                  |
| Responds well to help and/or correction |                |                 |                                |                 |                  |
| Participates in class                   |                |                 |                                |                 |                  |
| Resolves conflicts with words           |                |                 |                                |                 |                  |
| Work/Study Habits                       | Not Applicable | Area of Concern | Progressing toward age approp. | Age Appropriate | Area of strength |
| Is attentive                            |                |                 |                                |                 |                  |
| Listens effectively in a group          |                |                 |                                |                 |                  |
| Contributes to discussions              |                |                 |                                |                 |                  |
| Follows directions                      |                |                 |                                |                 |                  |
| Uses independent time well              |                |                 |                                |                 |                  |
| Can focus on one task                   |                |                 |                                |                 |                  |
| Completes tasks                         |                |                 |                                |                 |                  |
| Shows ability to organize               |                |                 |                                |                 |                  |
| Self-starter                            |                |                 |                                |                 |                  |
| Enjoys new challenges                   |                |                 |                                |                 |                  |
| Maintains personal belongings           |                |                 |                                |                 |                  |

| Motor Skills       | Not Applicable | Area of Concern | Progressing toward age approp. | Age Appropriate | Area of strength |
|--------------------|----------------|-----------------|--------------------------------|-----------------|------------------|
| Gross motor skills |                |                 |                                |                 |                  |
| Fine motor skills  |                |                 |                                |                 |                  |

| Parent/Guardian Support              | Not Applicable | Area of Concern | Appropriate |
|--------------------------------------|----------------|-----------------|-------------|
| Reliability of attendance            |                |                 |             |
| Promptness in arriving at school     |                |                 |             |
| Supports school's policies and goals |                |                 |             |
| Works collaboratively with teacher   |                |                 |             |
| Supports student academically        |                |                 |             |

**Math and Language Skills**

Please summarize language skills \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please summarize math skills \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list any areas of concern. (To your knowledge, has the applicant ever been evaluated or provided special consideration for emotional or academic reasons?) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is there any additional information that can be better conveyed in a telephone conversation?  Y  N

If necessary, hours and telephone number where you can be reached: \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

School \_\_\_\_\_ School Telephone \_\_\_\_\_

School Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please feel free to photocopy your completed recommendation, and then fill out the School Specific Section for each school to which you are sending a form.

**School Specific Information**

I recommend this student for admission to:

- Colorado Academy  Foothills Academy  Graland Country Day School  Montessori School of Denver  
 Montclair Academy  St. Anne's Episcopal School  St. Mary's Academy  Stanley British Primary School

I am familiar with this school's program:  Not at all  Somewhat  Fairly  Very Familiar

| I recommend this student       | NOT AT ALL | WITH RESERVATION | MILDLY | WITH CONFIDENCE | ENTHUSIASTICALLY |
|--------------------------------|------------|------------------|--------|-----------------|------------------|
| Academic Ability and Promise   |            |                  |        |                 |                  |
| Character and Personal Promise |            |                  |        |                 |                  |
| Overall                        |            |                  |        |                 |                  |

Please make any additional comments on this student's appropriateness for the school named above. Please feel free to attach an additional sheet if necessary.