



# School Recommendation Form

For Students Applying to Nursery

## TO THE PARENT

**Please sign this form and take it to your child's current teacher or head of school.**

Name of Student \_\_\_\_\_

Current School \_\_\_\_\_

As part of the candidate's application for admission, The Greenwich Country Day School requires this recommendation to complete the application. The undersigned acknowledges that this recommendation is a confidential communication between the person recommending the student and our school. The undersigned waives any right to receive, review, inspect, or have access to any letter(s) of recommendation, whether in possession of the person recommending the student or our school. The undersigned acknowledges that our school is relying upon this waiver and that GCDS would not consider the candidate's application without it.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## TO THE TEACHER OR HEAD OF SCHOOL

The enclosed form is used by The Greenwich Country Day School. Please complete it and return it to the Admissions Office by **January 15**, to the address below. Your comments will be held in the strictest confidence. Thank you very much for your assistance.

The Greenwich Country Day School  
Admissions Office  
P.O. Box 623, Old Church Road  
Greenwich, CT 06836-0623

T 203-863-5610 • F 203-622-6046  
admissions@gcds.net • www.gcds.net

# School Recommendation Form

For Students Applying to Nursery

**Due by January 15**

The parents of \_\_\_\_\_ have asked us to consider their child for admission to the nursery class at The Greenwich Country Day School. Please help us by providing the information requested on this form, which is to be completed by a classroom teacher or school head. Your report will be kept confidential. The GCDS Admissions Committee thanks you in advance for your cooperation.

**Please check the topics listed below according to your evaluation of the candidate.**

	Area of Strength	Age Appropriate	Working Towards	Area of Concern	Not Applicable
<b>SOCIAL/EMOTIONAL DEVELOPMENT</b>					
Separates from parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Becomes engaged with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Becomes engaged with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts limits/boundaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allows others a turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can make transitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tolerates frustration with chosen tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tolerates frustration with assigned tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can resolve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects self/own property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects others/their property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assumes classroom routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays good manners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appreciates humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is aware of others' feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows good impulse control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Area of Strength	Age Appropriate	Working Towards	Area of Concern	Not Applicable
<b>PRE-ACADEMIC SKILL DEVELOPMENT</b>					
Stays on topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is curious/investigative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attends well to self-chosen tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attends well in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions given to a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions given individually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands stories read aloud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remembers events and information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks fluently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can focus on one task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses full vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can tell stories in sequence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands one to one counting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes colors and shapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands comparisons (size)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can categorize (fruits, animals, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can follow simple patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PHYSICAL DEVELOPMENT AND HEALTH</b>					
Gross motor coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine motor coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of body in space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resilience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handedness	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Mixed		

Name of Applicant \_\_\_\_\_

## ADDITIONAL COMMENTS

Please describe the emphasis of your school's program (or send a printed statement). \_\_\_\_\_

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How many days per week does this child attend your program? \_\_\_\_\_ What is the length of the session? \_\_\_\_\_

Is it a morning or afternoon session? \_\_\_\_\_ How long have you known this applicant? \_\_\_\_\_

How would you describe this child's temperament? \_\_\_\_\_

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What activities does this child especially enjoy? \_\_\_\_\_

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Please describe the quality of this child's interactions with peers. Does he/she play with children of both genders? Does he/she show a preference for group or individual activities? \_\_\_\_\_

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Please comment briefly on any strengths: \_\_\_\_\_

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Please comment briefly on any concerns: \_\_\_\_\_

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Please comment briefly on any special needs (diet, medication, etc.): \_\_\_\_\_

\_\_\_\_\_

Parent cooperation, involvement and relationship with child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To your knowledge, is the parent's perception of the child compatible with the school's understanding of the child? \_\_\_\_\_

Head of School or Teacher's Name \_\_\_\_\_

Email \_\_\_\_\_ Tel. \_\_\_\_\_

Title \_\_\_\_\_ School \_\_\_\_\_

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

STREET

CITY

STATE/ZIP

SCHOOL TEL.

Please check here if you would like to discuss this candidate by telephone \_\_\_\_\_ Best time to call \_\_\_\_\_

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

**Please return this form to the Admissions Office by January 15.**

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