

COMMON REFERRAL FORM

2010 - 2011

Please do not complete this form before December 1. Please return the form by January 29 to:

Director of Admissions
 The Shoshana S. Cardin School
 7310 Park Heights Avenue
 Baltimore, MD 21208

The AIMS member schools abide by the policy that all information provided on the Common Referral Forms will be held in the strictest confidence and will not, directly or indirectly, be shared with students, parents or guardians.

NAME OF STUDENT _____ **CURRENT SCHOOL** _____ **GRADE LEVEL** _____

MY CURRENT POSITION AT THE SCHOOL (IF TEACHER, PLEASE NOTE YOUR SUBJECT AREA) _____

I HAVE KNOWN THIS STUDENT FOR _____ YEARS, _____ MONTHS

THIS CHILD'S ATTENDANCE IS **REGULAR** **NOT REGULAR**

THE FIRST WORDS THAT COME TO MIND WHEN I THINK OF THIS STUDENT ARE

ACADEMIC ABILITY	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Verbal ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to grasp new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the child's academic strengths and weaknesses.

CLASSROOM PERFORMANCE	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Classroom achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing mechanics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of written ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation for class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the child's learning style. Please also note any special needs and any observed discrepancies between academic ability and classroom preference.

SCHOOL BEHAVIOR	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responses to suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to seek needed help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In relation to other students, how much of your personal time and attention does this applicant require in order to succeed? **SIGNIFICANTLY MORE** **MORE** **SAME** **LESS** **SIGNIFICANTLY LESS**

PERSONAL ABILITIES	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Maturity for grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity for age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on this Student's social and emotional development.

PLEASE CHECK THE WORDS THAT DESCRIBE THIS STUDENT:

- | | | | | | |
|--|---|--|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> aggressive | <input type="checkbox"/> passive resistant | <input type="checkbox"/> responsible | <input type="checkbox"/> organized | <input type="checkbox"/> assertive | <input type="checkbox"/> passive |
| <input type="checkbox"/> irresponsible | <input type="checkbox"/> self-disciplined | <input type="checkbox"/> follower | <input type="checkbox"/> social | <input type="checkbox"/> popular | <input type="checkbox"/> distractible |
| <input type="checkbox"/> overprotected | <input type="checkbox"/> positive leader | <input type="checkbox"/> loner | <input type="checkbox"/> energetic | <input type="checkbox"/> distracting | <input type="checkbox"/> articulate |
| <input type="checkbox"/> disobedient | <input type="checkbox"/> negative leader | <input type="checkbox"/> confident | <input type="checkbox"/> perfectionist | <input type="checkbox"/> manipulative | <input type="checkbox"/> motivated |
| <input type="checkbox"/> humorous | <input type="checkbox"/> self-centered | <input type="checkbox"/> compassionate | <input type="checkbox"/> honest | <input type="checkbox"/> irritable | <input type="checkbox"/> dishonest |
| <input type="checkbox"/> impulsive | <input type="checkbox"/> easily discouraged | <input type="checkbox"/> other _____ | | | |

Please note any special attributes of this student that would help us to better understand him or her (e.g. English as a second language, special talents in arts or athletics, etc.).

Please comment on the student-parent relationship.

Please describe the parents' relationship with teachers and the school.

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**

EVALUATOR'S NAME (PRINTED) _____ **TELEPHONE NUMBER** _____

SIGNATURE _____ **DATE** _____

FOR SCHOOL ADMINISTRATOR

HAS THE FAMILY SATISFIED ALL FINANCIAL OBLIGATIONS TO YOUR SCHOOL? **YES** **NO** **INITIALS** _____

(Many AIMS schools will not enroll a student until the family has met all financial obligations to the school previously attended by the student.)