



CUPEYVILLE SCHOOL

Licensed by: General Council of Education of Puerto Rico Accredited by: Middle States Association - C.A.D.I.E.

Child's Name:

| | | | | |
|-----------|----------------------|------------|-------------|----------------|
| Last Name | Mother's Maiden Name | First Name | Middle Name | Grade Applying |
|-----------|----------------------|------------|-------------|----------------|

To The Parent:

As part of the admissions process, Cupeyville School requires recommendations to be completed by the applicants Current teacher(s). You as a parent must understand that the recommendation is a confidential communication regarding the student and must be handed in a closed envelope with the school's seal.

To The Teacher:

The Admission Committee greatly appreciates your comments on the following:

- How long have you known/taught this student? _____
- Please circle eight adjectives that *best* describe the applicant. Note that none of these terms refers to capacity of intelligence. We hope that this list will allow a comprehensive description of each applicant.

- | | | | |
|---------------|--------------|-------------|---------------|
| Adaptable | Creative | Impulsive | Reliable |
| Adventurous | Cynical | Independent | Reserved |
| Aggressive | Decisive | Indifferent | Self-centered |
| Alert | Demanding | Influential | Sensitive |
| Argumentative | Dependent | Inquisitive | Serious |
| Arrogant | Difficult | Intuitive | Silly |
| Athletic | Diligent | Logical | Stable |
| Cautious | Enthusiastic | Lonely | Studious |
| Clever | Friendly | Meticulous | Thoughtful |
| Compassionate | Hard-working | Nervous | Tolerant |
| Complaining | Honest | Noisy | Undisciplined |
| Confident | Imaginative | Persevering | Willful |
| Cooperative | Immature | Popular | |

- Please evaluate the student in the following areas:

| SOCIAL DEVELOPMENT | Rarely | Sometimes | Often | N/A |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Displays Self- Control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Follows School Rules | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accepts and Respects Authority | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ELEMENTARY TEACHER RECOMMENDATION

OVER

| PHYSICAL DEVELOPMENT | Rarely | Sometimes | Often | N/A |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Displays Fine Motor Coordination (Cutting, Pasting, Coloring, Tracing) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Manages Bathroom Needs Independently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WORK HABIT DEVELOPMENT | | | | |
| Has Adequate Attention Span | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Listens Effectively | <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"/> |
| Works Independently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LANGUAGE ARTS DEVELOPMENT | | | | |
| Speaks in complete Sentence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Contributes Verbally to the Group | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

CHECK IF APPLICABLE:

Reads:

Words: _____ Phrases: _____ Sentences: _____ Approximate Grade Level: _____

4. How would you describe this child's classroom conduct: (circle one)

Below Average Fair Good Excellent

5. Family Information:

| | | | | |
|--|--------|-----------|---------|--------|
| Communication with school: | Rarely | Sometimes | Usually | Always |
| Attendance to school functions: | Rarely | Sometimes | Usually | Always |
| Cooperation with your school's rules: | Rarely | Sometimes | Usually | Always |
| Cooperation with your school's faculty / administration: | Rarely | Sometimes | Usually | Always |

6. To your knowledge, has your school had to make any special accommodations for this student (i.e. extended testing time, modified work, preferential seating)

7. In your opinion, the ideal placement for this student would be:

Bridges Program for students with mild learning disabilities Regular Program

8. To your knowledge, has the student ever been referred to a counselor or a psychologist for psychological or educational testing? Please explain: _____

9. To your knowledge, has this student ever been involved in a behavior modification program? Please explain: _____

I recommend this student for admission to Cupeyville School:

| | Difficult to Recommend | With Reservation | Recommend | With Confidence |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Academics: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal Character: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments:

Name of Teacher

Position

Specific Name and Level of Course (s) You Teach Applicant

School

School Phone Number

Signature

Date