



# EVANSVILLE DAY SCHOOL

## Teacher Reference Form Grades First-Fourth Confidential

Please respond and comment in reference to the following applicant:

\_\_\_\_\_, D.O.B. \_\_\_\_\_,

who has applied to Evansville Day School for the \_\_\_\_\_ grade. The information you provide will be kept in confidence and is important in making an admission decision in the best interest of the child.

Please return this form to EDS Director of Admission in the envelope provided as soon as possible. Thank you for your time and attention to this important matter.

Teacher name \_\_\_\_\_ School name \_\_\_\_\_

May we contact you? \_\_\_\_\_ Phone # \_\_\_\_\_ Home # \_\_\_\_\_

Please rate this applicant by checking the appropriate area:

### Academic Development

		Strength	Grade/Age Appropriate	Concern
Reading:	Decoding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math:	Computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Problem-Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language:	Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Attention to task/ability to focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Achievement relative to potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Motor Development

Gross motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Social/emotional Development</b>	Strength	Grade/Age Appropriate	Concern
Understands and follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits self control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts appropriately in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses emotions appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts limits/guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide explanation to all areas that were indicated "concern". \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does this student have an IEP (Individual Education Plan), psychological evaluation, or has an evaluation been recommended? Was the curriculum modified? If so, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Did you receive appropriate parent/guardian cooperation and support? If not, please comment: \_\_\_\_\_  
 \_\_\_\_\_

Please share any other pertinent information that would impact the social/emotional and academic development of this student. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Additional comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Teacher signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Evansville Day School is accredited by the Independent Schools Association of the Central States (ISACS) and is a member of the National Association of Independent Schools (NAIS).  
 Evansville Day School is an academic community, whose doors are open to all students without regard to race, religion, sex or national origin.