

INDEPENDENT SCHOOLS  
ADMISSIONS ASSOCIATION OF  
GREATER NEW YORK

SCHOOL REPORT FOR APPLICANTS TO  
3 AND 4 YEAR OLD GROUPS

**CONFIDENTIAL**

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Name Usually Called: \_\_\_\_\_  
 Present School: \_\_\_\_\_ Phone: \_\_\_\_\_ Entrance Date: \_\_\_\_\_  
 Parents' Names: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Currently Attends: Days per week: \_\_\_\_\_ Hours per day: \_\_\_\_\_ Date of This Report: \_\_\_\_\_  
 Submitted by: \_\_\_\_\_ How long have you known this child? \_\_\_\_\_  
 Language spoken at home: \_\_\_\_\_ Does child speak other languages? \_\_\_\_\_  
 Dominance: Right: \_\_\_\_\_ Left: \_\_\_\_\_ Not Established: \_\_\_\_\_

CATEGORY	AREA OF STRENGTH	AGE APPROPRIATE	PROGRESSING TOWARDS AGE APPROPRIATE	AREA OF CONCERN	N/A
<b>PHYSICAL DEVELOPMENT</b>					
<b>Gross Motor Coordination</b>					
Participates in physical group activities					
Gait, fluidity, smoothness of movement					
<b>Small Motor Coordination</b>					
Participates in small motor activities					
Works with playdoh, clay, water, sand					
Builds with blocks or manipulatives					
Draws, paints, or glues					
Uses implements (fork/spoon) to feed self					
<b>General Health</b>					
Energy level: outdoors/in classroom					
<b>PERCEPTUAL DEVELOPMENT</b>					
Completes puzzles (how many pieces?)					
Notices, creates, replicates patterns					
Recognizes written name					

**Comment:** What are the child's favorite large-motor activities?

What are the child's favorite small-motor or perceptual activities?

CATEGORY	AREA OF STRENGTH	AGE APPROPRIATE	PROGRESSING TOWARDS AGE APPROPRIATE	AREA OF CONCERN	N/A
<b>SOCIAL/EMOTIONAL DEVELOPMENT</b>					
Separation from parents/ caregivers					
Displays confidence					
Accepts limits/boundaries					
Willingly follows directions individually					
Willingly follows directions in group					
Displays impulse control					
Engages with peers (describe below)					
Engages with adults (describe below)					
Makes eye contact					
Resolves conflicts/disputes verbally					
Respects self/own property					
Respects others/their items					
Tolerates frustration/self-chosen activity					
Tolerates frustration/assigned activity					
Appreciates humor/appropriately silly					
Ability to focus on an activity					
Cooperative attitude					
Makes transitions easily					
Reacts positively to new events/change					

Comment: How would you describe the child's temperament?

What activities does the child especially enjoy?

Please describe the quality of this child's interactions with **classmates**. Does the child play with children of both genders, show a preference for group or individual activities? Is the child a leader, follower, observer? Is the child kind to and considerate of other children?

Please describe the quality of this child's interactions with **adults**.

CATEGORY	AREA OF STRENGTH	AGE APPROPRIATE	PROGRESSING TOWARDS AGE APPROPRIATE	AREA OF CONCERN	N/A
<b>INTELLECTUAL DEVELOPMENT</b>					
<b>RECEPTIVE SKILLS</b>					
Ably follows directions given to a group					
Ably follows directions given individually					
Converses with adults and children					
<b>EXPRESSIVE SKILLS</b>					
Clear articulation (describe)					
Fluency of expression (as opposed to stammering)					
Vocabulary: uses precise words as opposed to fillers ('uhm')					
Remembers classmates'/teachers' names					
Remembers and recites nursery rhymes					
Remembers and retells events/stories in sequence					
Creates dramatic play scenarios					
Asks <i>why</i> , <i>how come</i> questions					
<b>EMERGENT LITERACY</b>					
Handles, browses, looks over books					
Enjoys being read to/asks to be read to					
Acts out favorite stories (books/media)					
<b>EMERGENT MATH</b>					
Sorts objects in categories (animals/plants)					
Grades objects by size					
Names colors or shapes in environment					
Uses size comparison					
Understands over, under...					

**Comment:** Please comment on the child's language and speech development. Has the child been recommended for speech or language evaluation or therapy? Any idiosyncratic language? (Please be specific.)

Please comment briefly on any physical, social-emotional, or intellectual strengths or concerns, including general health.

**FAMILY**

Is there anything significant about the home life which will help us understand this child? (new baby, move, divorce/separation)

Have all financial obligations been met?

Have you received active cooperation from the parents?

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

Please describe parents' involvement with the school.

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Signature

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Position

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Date