



Main Line Classical Academy

Confidential Recommendation Form Grades K - 1st

To the Parents:

Please sign and give this form to the office of your child's present school, requesting and authorizing his/her school to forward a Recommendation Form to Main Line Classical Academy, as soon as possible.

"I/We understand that we may not look at this evaluation and assure the evaluator and the school that we will not try to do so. We give permission for the evaluator to release the information on this form to the schools to which we are applying for admission. We understand that as parents we will not have access to this confidential information and that it will not become part of our child's permanent record."

First Parent/Guardian Signature _____ Date _____

Second Parent/Guardian Signature _____ Date _____

Name of Student _____ has applied for grade _____

To the Teacher or School Director:

We appreciate your cooperation in completing this form after November 1 and by January 1st unless this is a mid-year transfer student. If a mid-year transfer or if receive this after January 1st, please email the materials to MLCA within the next two weeks or as soon as possible. This form provides one way of getting to know the child with the full awareness that young children are constantly changing and developing. Please enclose any recent Teacher Reports describing the students progress. Thank you for your careful evaluation of this student.

NAME OF STUDENT _____ Nickname _____

Birthdate _____ Current grade _____ I have known the candidate for _____ years/months.

My relationship has been that of _____

Please list subjects taught, including level of difficulty _____

Name please print _____ Position in school _____

School _____

Address _____

Telephone _____ Email _____

May we contact you for further information? Yes No

Signature _____ Date _____



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SOCIAL/EMOTIONAL DEVELOPMENT	Exceeds age expectations	Age appropriate	Needs development	No basis for judgement
Cooperates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates play activities with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is imaginative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the potential to lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the capacity to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses materials purposefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is curious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is comfortable with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a good listener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds positively to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comments on this student's social/emotional development:

PHYSICAL DEVELOPMENT	Exceeds age expectations	Age appropriate	Needs development	No basis for judgement
Small muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech development (articulation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stamina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pencil grip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Please comments on this student's physical development:

BEHAVIORAL OBSERVATIONS	Never	Sometimes	Most of the time
Talks excessively about favorite topics without realising the listener has little interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tires to elicit interest in shared activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has unusual hand movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes eye contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive distracting talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very high energy level, squirms, leaves seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interrupts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Starts before asked to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays varied facial expressions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACADEMIC SKILLS DEVELOPMENT	Exceeds age expectations	Age appropriate	Needs development	No basis for judgement
Is attentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributes to discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes tasks and follows through on instructions	<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"/>
Respects classroom routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds with on topic elaborations, comments and questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moves easily from one task/activity to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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ACADEMIC SKILLS DEVELOPMENT	Exceeds age expectations	Age appropriate	Needs development	No basis for judgement
Is a self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a sustained attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits problem-solving abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses ideas/thoughts well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on each of the following regarding this child.

1. Beginning reading skills _____

2. Beginning math skills _____

3. What words come quickly to mind when you describe this child? _____

4. Describe interactions with other children: cooperation, respects the rights of others, willingness to share, takes responsibility of own actions? _____

5. In your view, what are this child's particular strengths? _____



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6. Are there weaknesses or areas of development of which we should be aware? _____

THE FAMILY

1. To your knowledge, are the parents in agreement with your view of the student? yes no don't know

2. Child's relationship with parents _____

FAMILY	Consistently	Usually	Sometimes	Rarely
Engages in an appropriate level of communication with school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in student-related activities (e.g., conferences/workshops/orientation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in school-wide activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates with the classroom teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates with administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows through on guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meets financial obligations in a timely way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensures good attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensures that child is brought and picked up on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing and sending this recommendation to the Admissions Director at Main Line Classical Academy after the first marking period, or ASAP if a mid-year transfer student.

Email a PDF to: admissions@mainlineclassical.org

Mail to: Director of Admissions

Main Line Classical Academy

455 S. Roberts Rd

Bryn Mawr, PA 19010