



# Main Line Classical Academy

## Confidential Recommendation Form Grades 2nd - 5th

### 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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ACADEMIC SKILLS DEVELOPMENT	Exceeds age expectations	Age appropriate	Needs development	No basis for judgement
Attention span, ability to sustain attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently and productively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits and organization	<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"/>
Ability to follow through on instructions and complete tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to take risks, try new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in class discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine motor development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>LISTENING:</b> <i>Comprehension skills</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>READING:</b> <i>Decoding</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Fluency</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comprehension</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>WRITING:</b> <i>Mechanics</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Spelling</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Organisation of ideas</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SPEAKING:</b> <i>Fluency, Clarity of expression</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>MATH:</b> <i>Computation</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Number sense</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Problem-solving</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Spatial sense</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>



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BEHAVIORAL OBSERVATIONS	Never	Sometimes	Most of the time
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"/>
Understands jokes, sarcasm, idioms and metaphors (vs. literal understanding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please comment on each of the following regarding this child.*

1. Academic strengths: effort, curiosity, motivation, achievement in relation to potential, class participation and homework preparation:

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2. Academic weaknesses: effort, curiosity, motivation, achievement in relation to potential, class participation and homework preparation:

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3. Learning Style: auditory processing, visual processing, memory, application of learned skills, distractibility, working pace :

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3. Social Skills: cooperation with peers, interaction with adults, respect of others, awareness of social cues:

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



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4. Emotional maturity: self confidence, respect for limits and routine, compliance ability to make transitions, response to frustration:

5. Personal qualities: leadership, honesty, responsibility, concern for others, sense of humor: \_\_\_\_\_

**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 \_\_\_\_\_

<i>Leave blank if no basis for judgement</i>	<b>Consistently</b>	<b>Usually</b>	<b>Sometimes</b>	<b>Rarely</b>
<b>Parents engage in an appropriate level of communication with school</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Parents participate in student-related activities (e.g., conferences/workshops/orientation)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Parents participate in school-wide activities</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Parents cooperate with the classroom teachers</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Parents cooperate with administration</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Parents follow through on guidance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Parents meet financial obligations in a timely way</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Parents ensure good attendance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Parents ensure that child is brought and picked up on time</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for completing this form. Please send this completed recommendation to the Admissions Director after the first marking period or ASAP if a mid-year transfer student. Email a PDF to : [admissions@mainlineclassical.org](mailto:admissions@mainlineclassical.org). Or mail to:**

Director of Admissions, Main Line Classical Academy  
 455 S. Roberts Rd  
 Bryn Mawr, PA 19010



**Main Line Classical Academy**  
*Request for Release of Current Transcript*

**Note to the Parents:**

Dear Parents,

Please sign and give this form to the office of your child's present school, requesting and authorizing his/her school to forward an official copy of his/her transcript, containing at least her first marking period grades and any standardized test scores, (for children entering 1st grade, this could just be their "progress reports"), so that it is received by Main Line Classical Academy as early as possible.

Dear Principal,

I \_\_\_\_\_ request an official copy of  
PRINT PARENT'S NAME

\_\_\_\_\_, Grade \_\_\_\_\_, transcript to be  
PRINT STUDENT'S NAME PRINT CURRENT GRADE

mailed or emailed to Main Line Classical Academy.

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

**Note to the School:**

Dear Principal,

This student is applying to Main Line Classical Academy. We appreciate your cooperation in completing this form after November 1 and by January 1st. If you receive this after January 1st, please email the materials to MLCA within the next two weeks or as soon as possible. Please forward an official copy of the student's transcript to:

Email a PDF to this email: [admissions@mainlineclassical.org](mailto:admissions@mainlineclassical.org)

Mailing address: Director of Admissions

Main Line Classical Academy

455 S. Roberts Rd

Bryn Mawr, PA 19010

**Please include all of these below, when applicable:**

- Report card (progress report) for *current* year
- Transcript of final report card of any previous years
- Results of standardized tests

Sincerely,

Chloë Le Pichon

Director of Admissions, Main Line Classical Academy

tel: 610 525 2300