

## British School of Chicago

**To the parents/guardians:**

This confidential recommendation must be faxed, scanned, or mailed directly from the applicant's current school. Please complete this top portion and submit it to your school.

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Name of applicant

Current Grade/Year

I authorize the release of my child's academic records to British School of Chicago.

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Signature of parent/guardian

Date

**To the teacher:**

British School of Chicago is an independent school in Chicago. Thank you for completing this form as part of the application for admission. Please be as candid as possible about the applicant. All information received from you is confidential. Please return the completed form with a copy of the most recent school report/report card.

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Teacher name

Title

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Name of school

Telephone

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School address

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How long have you known this child?

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How long has the child attended your school?

What are the first words that come to mind when describing the child?

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(over)

British School of Chicago

Social development	Advanced for age	Appropriate for age	Needs development	Comments
Can be a friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is supportive of peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is comfortable with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plays alone happily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cooperates in play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is comfortable in sharing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Initiates play activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is imaginative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has the capacity to lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has the capacity to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Physical development	Advanced for age	Appropriate for age	Needs development	Comments
Small motor control/coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Large motor control/coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Speech development/articulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oral self-expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Pre-academic skill development	Advanced for age	Appropriate for age	Needs development	Comments
Is attentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Listens in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Contributes to group discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Works cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Completes tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shows ability to focus on task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Responds positively to constructive support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is curious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is willing to try new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is a self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Enjoys new challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exhibits problem-solving abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Expresses ideas well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Uses materials purposefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please identify any special needs, including auditory and visual development:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We would appreciate any additional comments and observations concerning the strengths, weaknesses, health, or special needs of this child, attaching additional sheets if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For children entering Year 1 and Year 2 (Kindergarten and 1st Grade equivalent), please describe the child's development of:

Beginning reading skills:

\_\_\_\_\_

\_\_\_\_\_

Beginning math skills:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Your signature Date

Please return the completed form with a copy of the most recent school report/report card (if applicable) directly to:

Admissions  
British School of Chicago  
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www.britishschoolofchicago.org • admissionsbsc@britishschool.org