

## REQUEST FOR SCHOOL INFORMATION

School:		
Address:		
City:	_State:	———— Zip:
School Phone Number:		
Applicant's Name:		_ Applying for Grade:
Days and Hours Student Attends the Program	:	Class Size:

The child listed above has applied for admission to Renbrook School. In order to give careful consideration to this application, would you kindly send us the following information in the enclosed envelope?

We would appreciate your prompt response and will use your comments with discretion.

Thank you very much.

I hereby authorize the school to send this information to the Admission Office at Renbrook School and to permit the school staff to speak with Renbrook School staff as deemed appropriate by Renbrook School. I understand that this document is confidential and is not shared with parents.

Signature of Parent or Guardian:	Date:
	Bate.



## *Please describe the child's abilities, attributes, and behaviors.*

	Comments	
Separating from parents/caregivers		
Following rules/regulations		
Paying attention/attention span		
Completing teacher-initiated tasks		
Completing self-initiated tasks		
Making transitions (teacher and self initiated)		
Curiosity		
Self control		
Overall behavior/temperament		
Using materials		
Interacting with peers		
Interacting with teachers		
Responding to teacher-directed tasks in large and small-group and one-on-one.		
Bathroom skills		

Please comment on the parent-teacher relationships and the communication between home and school.



## What teaching techniques work well with this child?

*Please circle the characteristics where appropriate:* 

Is outgoing	Plays well with others	Angers easily
Is shy	Uncomfortable with new/difficult tasks	ls dependable
Exhibits self control	Completes what he/she starts	ls a good listener
Is organized in playing	Becomes easily discouraged	Shows imagination
Frequently plays alone	Is kind to others	Is able to problem solve
Accepts and follows classroom rules and routines	Accepts suggestions/directions	

In addition, please briefly comment on other pertinent information not listed above so as to provide a complete picture of this child (i.e. speech and language development, large and small muscle development, and cognitive skills).

Name of Teacher (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Please note, this is a confidential document and *will not* become part of the student's permanent file.

2865 Albany Avenue, West Hartford, CT 06117 860.236.1661/FAX 860.231.8206 www.renbrook.org