

THE CLARIDEN SCHOOL

100 CLARIDEN RANCH RD. • SOUTHLAKE, TX 76262 • METRO 682.237.0400 • FAX 682.831.0300 • WWW.CLARIDENSCHOOL.ORG

TEACHER REFERRAL FORM

Student's Name: _____ Birthdate: _____

TO THE PARENTS: *Please sign the statement of permission below and deliver this to your child's present teacher. Thank you!*

My child is applying for admission to The Clariden School. I hereby give my permission for you to release the following information concerning my child.

Parent's Signature

Date

TO THE TEACHER: *We at Clariden appreciate your cooperation in completing this form. It helps us to get to know the student and is reviewed with full awareness that children are constantly changing and developing. Please note that we place a great deal of value on your comments in each area. We realize that you are busy and we thank you in advance for your thoughtful consideration of the questions. Your reply will be absolutely confidential.*

Social Development	Usually	Sometimes	Seldom	Never	Please Comment
Gets and maintains attention of adults in acceptable ways					
Uses adults as resources					
Leads and follows peers					
Show pride in accomplishments					
Exhibits appropriate sense of humor					
Can handle conflicts with peers in appropriate manner					
Classroom Behavior	Usually	Sometimes	Seldom	Never	Please Comment
Can be attentive in group					
Contributes to group discussions					
Follows directions					
Works cooperatively					
Complete tasks					
Is able to focus on one task					
Respects classroom routines					
Moves easily from one activity to another					
Is curious					
Is willing to try new activities					
Is a self starter					
Enjoys new challenges					
Exhibits problem-solving abilities					
Expresses ideas well					

ACADEMIC DEVELOPMENT

1. **Reading:** Is at approximate grade level _____
How well does the student understand what he/she reads? _____

2. **Math:** Is working at approximate grade level _____
Which math program (publisher if applicable) is the student using? _____

How well is the student doing? _____

3. **Language:** How well does the student express ideas and emotions through written language?

4. **General:** How do the student's parents relate to you and the school? _____

We welcome any information you think would be helpful. Please include comments concerning strengths, weakness, health, or any special need or any special needs or concerns of this child and/or family. You may use a separate sheet of paper for further comments in any category.

Date _____

I have known this student for _____ years _____ months.

My relationship has been that of _____

Name _____ Tel. _____

School _____ Address _____

City/State _____ Zip Code _____

Thank you for your assistance. Please return this form to :

Admissions Office
The Clariden School
100 Clariden Ranch Rd.
Southlakde, TX 76262

If you have any questions regarding this form, please call metro (682) 237-0400 or fax (682) 831-0300