Confidential Student Reference Form

## **ELEMENTARY SCHOOL KINDERGARTEN**



admissions@cis.ky | ( +1 (345) 945-4664 | www.cis.ky



		Parent	s / Guardians							
ı	Please complete this t	op portion befo	re sharing the f	orm with your o	child's school.					
Student Name			Date of Birth							
Parental Authorization: As part of the application process to Cayman International School, I hereby authorize the release of information regarding my child (named above) to be made to Cayman International School.										
Present School			Date of Entry							
Parent Signature			Today's Date							
School Principal, Counselor, or Classroom Teacher										
part of the a		ease complete p	ages one and t	wo, and return	nation below is required as to Cayman International rict confidence.					
How long have	e you known this student	and in what capa	city?							
Are you aware of any significant discipline or behavioral issues with this student?  Yes  No										
Has this child been suspended or expelled?										
	ol fees been paid on time?		Yes No							
•	outstanding debts?				Yes No					
Are the stude	nts parents supportive an	id cooperative?			Yes No					
	ll & Physical velopment	Needs Development	Appropriate for Age	Advanced for Age	Comments					
Separation from pa	arents & guardians									
Ability to share & work cooperatively										
Resolves conflicts appropriately										
Responds positively to redirection										
Demonstrates self control										
nteraction with pe	eers									
nteraction with te	achers									
Gross motor coord	ination									
Personal Characteristics		Needs Development	Appropriate for Age	Advanced for Age	Comments					
Self-help skills (clo	thes, bathroom, lunch, etc.)									
Confidence in app	roaching tasks									
Acceptance of limits										
Curiosity										
Attention span for	self-chosen activity									
Fransitions easily										



Pre-academic Characteristics	Needs Development	Appropriate for Age	Advanced for Age	Comments					
Fine motor coordination (lacing, puzzles)									
Makes marks or draws									
Speech is clear and understandable									
Tells story events									
Asks questions to understand									
Sound-symbol correspondence									
Recognizes upper or lower case letters									
Recognizes numerals or shapes									
Listens to and follows directions									
Attention span for teacher-led activity									
Ability to work independently									
Ability to focus / contribute in groups									
Family Information	Rarely	Sometimes	Usually	Consistently	Not Observed				
Has realistic expectations for their child									
Communicates openly with the school									
Follows school rules and policies									
Follows school recommendations									
Cooperates with classroom teachers									
Cooperates with school administration									
Participates in school activities									
Additional Comments:									
Would you be willing to discuss this child by phone if we have further questions? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$									
School official (Princ	ipal, Counselor, o	or Classroom Tea	cher) completin	g this form					
Name		Signature	,						
Position		Date							
Email		Phone							
School Name									
School Address	City: Country:								