

COMMON REFERRAL FORM

Please do not complete this form before December 1. Return form by January 15. The AIMS member schools abide by the policy that all information provided on the Common Referral Form will be held in the strictest confidence and will not, directly or indirectly, be shared with students, parents or guardians.

Name of Student _____ Current School _____ Present Grade Level _____

My position at the school is _____ (if a teacher, please note your subject area).

Textbook(s) _____ Placement? honors standard _____

I have known this student for _____ years, _____ months. Attendance is (please check one) regular not regular.

The first words that come to mind when I think of this student are _____.

Academic Ability

Outstanding Above Average Average Below Average

Verbal ability				
Mathematical ability				
Creative ability				
Intellectual curiosity				
Ability to grasp new concepts				

Please comment on this child's academic strengths and weaknesses.

Classroom Performance

Outstanding Above Average Average Below Average

Classroom achievement				
Participation in discussions				
Writing mechanics				
Quality of written ideas				
Oral expression				
Work habits				
Ability to follow directions				
Preparation for class				

Please comment on this child's learning style. Please also note any special needs and any observed discrepancies between academic ability and classroom performance.

School Behavior

Outstanding Above Average Average Below Average

Motivation				
Ability to work in a group				
Ability to work independently				
Response to suggestions and corrections				
Willingness to seek needed help				
Attention span				
Interaction with peers				
Respect to others				
Conduct				

Please comment on any noteworthy aspect of the student's school behavior.

Physical Development

Small muscle control & coordination
 Large muscle control & coordination
 Articulation

<i>Notably Advanced</i>	<i>Age Appropriate</i>	<i>Progressing Towards Age Appropriate</i>	<i>Possible Area of Concern</i>

Additional comments:

Please circle the words that describe this student

- | | | | | | | |
|----------------|-------------------|---------------|-------------|-----------------|--------------------|---------------|
| aggressive | anxious | articulate | cheerful | disobedient | easily discouraged | restless |
| assertive | honest | influential | irritable | manipulative | organized | confident |
| follower | passive-resistant | perfectionist | responsible | self-centered | self-disciplined | motivated |
| over-protected | passive | vivacious | well-liked | positive leader | distractible | conscientious |
| shy | social | rambunctious | energetic | negative leader | distracting | other _____ |

Please comment on the child-parent relationship.

Please describe the parents' relationship with the school.

In your view, what are the child's particular strengths?

In your view, what are the child's particular weaknesses?

Please note any special attributes of this child that would help us understand him or her better (e.g., English as a second language, special talents in arts or athletics, etc.).

Please attach copies of any standardized testing.

Would you be willing to discuss this child by telephone if we have further questions? Yes No

Is there information about this child that would be better communicated by telephone? Yes No

Evaluator's Name (printed) _____ Signature _____

Position _____ Date _____

E-mail address _____ Telephone Number _____

For a School Administrator

Has the family satisfied all financial obligations to your school? Yes No Initials _____

(Many AIMS schools will not enroll a student until the family has met all financial obligations to the school previously attended by the student.)