



Parents: Please complete this section

Applicant Name: _____

Current School/Daycare/Program: _____ Applicant Attends ___ days per week ___ hours per day

School Address: _____

School Telephone Number: _____

Teacher Email: _____ Teacher name: _____

Teachers: Please complete this section (if no teacher is available, please have an unrelated adult who knows your child well complete this form)

Highlands Micro School thanks you in advance for your time in completing this form. Information you provide will be kept confidential and will not be shared with parents. The purpose of these questions is to allow us to better understand the students and families applying to Highlands Micro School. Please email us at highlandsmicroschool@gmail.com if you have questions.

PLEASE RETURN THE COMPLETED FORM DIRECTLY TO: Highlands Micro School - **3719** Perry Street, Denver CO, 80212.

How long have you known this child and in what capacity?

	Area of Strength	Appropriate for Age	Progressing Toward Age Appropriate	Area of Concern	Comments
SOCIAL DEVELOPMENT					
Shows empathy toward peers				
Plays alone happily	
Cooperates at play					
Shares well without prompting	.				
Initiates play activities	
Demonstrates ability to lead					
Demonstrates ability to follow	.				
Demonstrates self control in class	
Demonstrates self control on playground					
Seeks help when needed					
Exhibits courtesy and respect					
Confident making decisions					
PHYSICAL DEVELOPMENT					
Small muscle control & development
Large muscle control and development					
Speech & articulation	
CLASSROOM SKILL DEVELOPMENT					
Is attentive
Listens in a group	
Contributes to group					

discussions					
Follows directions					
Completes tasks independently and with self-direction					
Demonstrates ability to focus on one activity	.	.		..
Respects classroom routines	.	.		..
Makes transitions easily	.	.		..
Is willing to try new activities					
Enjoys new challenges	.	.		..
Is a self-starter	..	..		....
Willing to take risks					
Expresses ideas well verbally	.	.		..
Exhibits self-help skills (hand washing, bathroom skills, etc.)					
Shows interest in academics	.	.		..

Questions about the Child

Please comment on this child’s strengths:

Please describe any areas of concern:

How would you characterize this child’s interactions with other students?

How does this child deal with frustration?

Questions about the Parents

Are the parents of this applicant supporting of their child’s strengths and challenges? Please comment.

How do the parents of this child interact with children in the classroom?

How do parents communicate with you and other adults at the school?

We would appreciate any additional information you think would help our school make an informed decision.

If we need clarification, may we contact you by phone? YES NO

Phone #: _____

Teacher Signature: _____ Date: _____

NON-DISCRIMINATION POLICY

Highlands Micro School does not discriminate on the basis of religion, race color, creed, national of ethnic origin, sexual orientation, family make-up or circumstances or any other legally protected status in the hiring of staff or in the administration of educational policies or programs, admissions policies or any other school administered programs.