



COMMON REFERRAL FORM (2nd – 4th grade applicants only)

To be completed by 2019-2020 Math or English Teacher and returned directly to B.E.S.T.
via email, admissions@besttrust.org, or fax, 410-752-4532.

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 _____

Subject Area _____ Textbook(s) _____ honors standard _____

I have known this student for _____ years, _____ months Attendance is 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to grasp new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Classroom Performance

	Outstanding	Above Average	Average	Below Average
Classroom achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing mechanics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of written ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation for class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to seek needed help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



COMMON REFERRAL FORM *Continued*

Personal Abilities

	<i>Outstanding</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>
Maturity for grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity for age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on this student's social and emotional development.

Please circle the words that describe this student:

aggressive	conscientious	easily frustrated	irritable	overprotected	restless
anxious	dishonest	follower	kind	passive	self-centered
articulate	disobedient	honest	loner	passive-resistant	self-disciplined
assertive	distractible	humorous	manipulative	perfectionist	social
cheerful	distracting	impulsive	motivated	popular	vivacious
compassionate	energetic	independent	negative leader	positive leader	well-liked
confident	easily discouraged	irresponsible	organized	responsible	other _____

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

Please comment on the student-parent relationship.

Please describe the parents' relationship with teachers and the school.

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 (please print) _____

Position _____

Signature _____ Date _____

E-mail address _____ Telephone Number _____