To the teacher, guidance counselor, and/or social worker (if applicable): Please complete this form for Horizons at CT State Norwalk. Your comments will be held in the strictest confidence. Thank you very much.

|  |  |  |
| --- | --- | --- |
| Name of applicant: | School: | Current Grade: |

In comparison to the applicant’s peers, please indicate the category that best applies in each area:

|  |  |  |  |
| --- | --- | --- | --- |
| **ACADEMIC DEVELOPMENT:**  **Reading/Literacy**: | **Below Grade Level** | **At Grade Level** | **Above Grade Level** |
| Decoding Skills |  |  |  |
| Comprehension |  |  |  |
| Fluency    **Math:** |  |  |  |
| Computation |  |  |  |
| Fluency with Math facts |  |  |  |
| Problem Solving    **Language:** |  |  |  |
| Oral Expression |  |  |  |
| Written Expression |  |  |  |
| Vocabulary |  |  |  |
| **Attention Span** |  |  |  |
| **Motivation** |  |  |  |
| **Study habits/Quality of work** |  |  |  |
| **Executive Functioning** |  |  |  |
| **Overall achievement** |  |  |  |
| **SOCIAL/EMOTIONAL DEVELOPMENT:** | **Below Grade Level** | **At Grade Level** | **Above Grade Level** |
| **Emotional/Personal Maturity** |  |  |  |
| **Relationship with peers** |  |  |  |
| **Relationship with adults** |  |  |  |
| **Concern for others/Consideration of others** |  |  |  |
| **Adaptability/Resiliency** |  |  |  |
| **Curiosity/Imagination** |  |  |  |
| **Self-discipline/Impulse Control** |  |  |  |
| **Conduct** |  |  |  |

**Please comment:**

1. Emotional development (self-image, acceptance of limits/routines, ability to make transitions, conflict resolution, resiliency, tolerance of frustration):
2. Social maturity (cooperation, respect for the rights of others, willingness to share):
3. Personal qualities (leadership, character, honesty, sense of humor, responsibility):
4. Academic development: Please define areas of academic strength and weakness. Please let us know about any ESL classes, learning challenges or special education testing. Does this student have an IEP/504? (Please include a copy with parents’ permission)
5. Behavior: Please describe areas of strength and weakness. How does the applicant handle conflict and/or disappointment? (Awareness of social/physical boundaries, Verbal/Nonverbal behaviors, Body language)
6. Special interests or talents:
7. Student attendance and reasons student might have missed school:
8. Parent cooperation and involvement:

Your name (please print)

School

Position

Please return completed form to:

Email: kmarin@horizonsncc.org

Or

Mailing Address: Horizons at CT State Norwalk, P.O. Box 244, Norwalk, CT 06853