



Luria Academy of Brooklyn Early Childhood Recommendation Form

Thank you for taking the time to complete this form. All of the provided information will be kept in confidence and used for admission purposes only.

Child's Name: _____ Date of report: _____

Current School: _____

How long have you known this child:

Submitted by: _____ Title: _____

Cognitive Development

| Ability to... | Area of Strength | Age Appropriate | Progressing towards Age Appropriate | Area of Concern |
|--|------------------|-----------------|-------------------------------------|-----------------|
| Observe objects and events with curiosity | | | | |
| Approach problems flexibly | | | | |
| Persist | | | | |
| Focus | | | | |
| Demonstrate awareness of position in space | | | | |
| Follow directions | | | | |
| Participate in group discussions | | | | |
| Recall events and information | | | | |
| Speak clearly and fluently | | | | |
| Discriminate the sounds in language | | | | |
| Recognize letters | | | | |
| Classify | | | | |
| Compare | | | | |
| Sequence | | | | |
| Use one-to-one correspondence | | | | |
| Count and identify numerals | | | | |

Social- Emotional Development

| Ability to... | Area of Strength | Age Appropriate | Progressing towards Age Appropriate | Area of Concern |
|-----------------------------|------------------|-----------------|-------------------------------------|-----------------|
| Transition | | | | |
| Separate from Caregiver | | | | |
| Stand up for rights | | | | |
| Work independently | | | | |
| Self regulate | | | | |
| Use materials appropriately | | | | |
| Accept limits | | | | |
| Interact with peers | | | | |
| Share and take turns | | | | |
| Problem solve | | | | |

Physical Development

| Ability to... | Area of Strength | Age Appropriate | Progressing towards Age Appropriate | Area of Concern |
|-----------------------------------|------------------|-----------------|-------------------------------------|-----------------|
| Move smoothly | | | | |
| Coordinate large muscles | | | | |
| Control small muscles in hands | | | | |
| Coordinate eye-hand movement | | | | |
| Use tools for writing and drawing | | | | |

Please describe the child's particular strengths

Please comment on the child's general health

Has the child been frequently absent and/or late?

Is there anything else we should know about the child?

Signature: _____

Please return this form to
Luria Academy of Brooklyn
238 St. Marks Avenue, Brooklyn, NY 11238
Email: admissions@luria-academy.org