Today's Date	
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STUDENT REFERRAL FORM

The following student is under consideration for admission to The Anthony School. Please have the child's current teacher or administrator complete this confidential referral report and return to:

The Anthony School 7700 Ohio Street Little Rock, AR 72227

Date of Birth ____ / ____ /

Attention: Admissions Office
Email: admissions@anthonyschool.org Fax: 501-225-2149

Name of Applicant _____

Present School	Present Grade				
Address	Phone				
City		State	Zip		
ur Name Position					
How long have you known this app	licant?Years	Months			
Compared to other students whom you have taught, please indicate how you would rate this student.					
	Exceeds Expectations	Meets Expectations	Needs Improvement		
Attention Skills					
Creative Thinking					
Problem Solving Skills					
Motivation					
Works Independently					
Gross Motor Skills					
Fine Motor Skills					
Follows Directions					
Self-Control					
Intellectual Curiosity					
Social Skills					
Accepts Constructive Criticism					
Participation in Class					
Initiative in Seeking Help					
Verbal Expression of Ideas					
Study Skills					
Mathematics					
Reading					
Written Expression of Ideas					

1.	Please describe the child's emotional development: feels positive about self, accepts limits and routine, makes transitions, handles frustration.
2.	Please describe the child's personal qualities: displays leadership, character, honesty, sense of humor, concern for others.
3.	Please describe the child's interaction with peers: plays cooperatively, respects the rights of others, shares willingly, takes responsibility for own actions, makes friends easily.
4.	Please describe the child's academic strengths/weakness/learning style(s):
5.	Please describe the child's relationship with parents:
6.	Please describe the parent cooperation and involvement:
7.	To your knowledge, is the parent's perception of the child compatible with the school's understanding of the child?
8.	Comments or other information you believe might be helpful: