

Baltimore Independent School Council
COMMON REFERRAL FORM

Please do not complete this form before December 1. Return form by January 15. The AIMS member schools abide by the policy that all information provided on the Common Referral Form will be held in strictest confidence and will not, directly or indirectly, be shared with students, parents or guardians.

Name of Student _____ Current School _____ Present Grade Level _____

My position at the school is _____ (if a teacher, please note your subject area).

Textbook(s) _____ Placement? honors standard _____

I have known this student for _____ years, _____ months. Attendance is (please check one) regular not regular.

The first words that come to mind when I think of this student are _____

Academic Ability	<i>Outstanding</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>
Verbal ability				
Mathematical ability				
Creative ability				
Intellectual curiosity				
Ability to grasp new concept				

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

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

Please comment on this student's learning style. Please also note any special needs and any observed discrepancies between academic ability and classroom performance.

School Behavior	<i>Outstanding</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>
Motivation				
Ability to work in a group				
Ability to work independently				
Response to suggestions and corrections				
Willingness to seek needed help				
Attention span				
Interaction with peers				
Respect to others				
Conduct				

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

Personal Abilities

Outstanding Above Average Average Below Average

Maturity for grade			
Maturity for age			
Perseverance			
Self-confidence			

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

Please circle the words that describe this student.

- | | | | | | |
|---------------|-------------------|-----------------|---------------|--------------------|--------------|
| aggressive | passive-resistant | responsible | organized | assertive | passive |
| irresponsible | self-disciplined | follower | social | popular | distractible |
| overprotected | loner | energetic | distracting | positive leader | articulate |
| disobedient | confident | negative leader | perfectionist | manipulative | motivated |
| humorous | vivacious | restless | conscientious | anxious | cheerful |
| self-centered | compassionate | honest | irritable | easily discouraged | dishonest |
| impulsive | easily frustrated | kind | 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 student by telephone if we have further questions? Yes No
 Is there information about this student that would be better communicated by telephone? Yes No

Evaluator's Name (printed) _____ Signature _____
 Position _____ Date _____
 E-mail address _____ Telephone Number _____

For a School Administrator

Has the family satisfied all financial obligations to your school? Yes No Initials _____

(Many AIMS schools will not enroll a student until the family has met all financial obligations to the school previously attended by the student.)