



KINDERGARTEN APPLICANT REFERENCE FORM

Applicant Name: _____

Please complete this form and **return it directly by mail or email** to the Admissions Office at Aspengrove School. This is a confidential evaluation submitted in connection with an application for admission to Aspengrove School. We seek the comments and evaluations of someone who knows this applicant well and may be able to provide insights into his/her learning. We appreciate your candid, truthful, and complete response to the information requested. This evaluation and its contents will only be used in connection with the Aspengrove School admissions process and will not be shared with the applicant. Please contact the Admissions Office should you have any questions about this form.

How long have you known the student? _____

In what context have you worked with the student? _____

What are the first 3 words that come to mind when describing the student?

A _____ B _____ C _____

What are the student's favourite activities?



What are the student's strengths?

How would you describe the student's curiosity and eagerness to learn?

How does the student manage during transitions? (For example, between activities, during pick-up)



Do you have any concerns about the student's development?

Has the student been referred to a pediatrician or child development specialist for concerns related to their health (physical, behavioral, or learning needs)?

Is there any additional information you would like to provide Aspengrove School regarding the student?



Please provide the information requested below. We appreciate the time and effort spent on this reference and thank you for your thorough evaluation of the applicant.

Your Name: _____

Email: _____

Relationship: _____

Telephone: _____

Address: _____

Signature: _____ Date: _____

