



SHAMBHALA SCHOOL  
Genuine Delight in Learning

**Primary Student Recommendation Form**  
(To be filled out by current preschool teacher or caregiver.)

Child's Name \_\_\_\_\_

Caregivers Name & Relationship to the Child \_\_\_\_\_

How long have you known this child? \_\_\_\_\_

Name of Childcare Centre (if applicable) \_\_\_\_\_

1. Please comment on the independence of this child in the following areas:  
(C- Consistent I-Inconsistent N-Needs support)

Following instructions-

Participation in play-

Cooperation with others-

Verbal expression-

Dressing-

Handling transitions-

Physical coordination-

Toilet Use-

Eating-

2. Please write a short narrative describing this child. Include information reflecting cognitive, physical and social-emotional development.