



## ADDITIONAL INFORMATION

Please comment on the applicant's strengths: \_\_\_\_\_

Do you have any specific concerns?

- social                       emotional                       cognitive                       behavioral                       developmental  
 fine motor                       gross motor                      Please explain: \_\_\_\_\_

Have you shared these specific concerns with the applicant's parent/guardians? If so, how were these concerns received and how did they respond? \_\_\_\_\_

What are your primary goals for the applicant? \_\_\_\_\_

In group situations, what behaviors does the applicant typically display? *(check all that apply)*

- tries to control                       takes a leadership role                       participates cooperatively                       observes  
 seeks attention                       does not participate                       parallel play                       plays alone

How would you characterize the applicant's interactions with other students? With adults? \_\_\_\_\_

What frustrates the applicant and how do they respond? \_\_\_\_\_

Have parent/guardian expectations and perceptions of their child and your program been in alignment with yours and your schools? \_\_\_\_\_

Please describe the applicant's **current** independence with toileting:

- consistently needs staff assistance/wears diapers                       currently toilet training/needs structured toileting time  
 independent but needs staff assistance occasionally                       fully independent and requires no staff assistance

We would appreciate any additional information which you think would help our school make an informed decision: \_\_\_\_\_

***Thank you for your time and candor! Please keep a copy of this form for your records.***

Check here if you would like a telephone conference to provide further information.

If needed, may we contact you for further clarification?  Yes  No

Email address: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mail Completed Form To:  
The Perkins School  
9005 Roosevelt Way NE  
Seattle, WA 98115

Signature(s)

Date