

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance relative to fellow students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Development

	Excellent	Age Appropriate	Needs Development
Small muscle development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large muscle development control/coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech/Pronunciation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much academic or personal supervision does the student need?	<input type="checkbox"/> Little supervision	<input type="checkbox"/> Some supervision	<input type="checkbox"/> Close supervision
--	---	---	--

What do you think are the student's strengths?

What do you think are the student's weaknesses?

Please include any additional information that you feel might be of help (*e.g. description of any behavioral episodes, family situations, or functional disabilities*)

Your overall recommendation:

<input type="checkbox"/> Highly recommended	<input type="checkbox"/> Recommended	<input type="checkbox"/> Recommended with reservations
---	--------------------------------------	--

Your name:	Signature:
School:	Title/position:
Address:	
Phone:	

Please return this form to:

Admissions Director
 Our Lady of Mercy School
 149 Neck Road, Madison, CT 06443
 203-584-9170 | admissions@olmschool.com | www.olmschool.com