



Applicant Name: _____

Date of Birth: _____ **Applying to Grade:** _____

To the parent/guardian: Please share this form with the child's teacher(s).

To the teacher: Please send the completed form **directly** to Liggett. We sincerely appreciate your cooperation in helping to evaluate this applicant and assure you that this information will be kept confidential.

How long have you known this child? _____ Length of school day _____ No. of days per week _____

What three words come to mind when describing this child?

Hand Dominance: ☐ Right ☐ Left ☐ Not Established

For each item in the tables below, please indicate the most developmentally age-appropriate description of this child.

	Possible Area of Concern	Emerging	Age Appropriate	Area of Strength
Fine motor coordination				
Gross motor coordination				
Uses appropriate pencil grip				
Draws with details				
Works with manipulatives				
Speech is clear and understandable				
Vocabulary				
Ability to stay on discussion topic				
Tells story events in sequence (memory)				
Asks questions to extend understanding				
Sound-symbol correspondence				
Recognizes letters: upper case				
Recognizes letters: lower case				
Recognizes numerals				
Recognizes shapes				
Transitions easily from one activity to another				
Follows directions and completes tasks				
Attention span for teacher led activity				
Ability to work independently				
Ability to focus and contribute in: large group				
Ability to focus and contribute in: small group				
Expresses ideas clearly				
Uses materials purposefully				
Separation from parent				



Personal Characteristics	Possible Area of Concern	Emerging	Age Appropriate	Area of Strength
Self-care skills				
Self-motivation				
Demonstrates self-control				
Acceptance of limits				
Sense of humor				
Curiosity				
Attention span / self-chosen activity				

Usually takes role of: ☐ Leader ☐ Follower ☐ Varies

Parent Cooperation/Involvement	Usually	Sometimes	Rarely
Parents are supportive of school's efforts.			
Parents have a realistic view of their child.			
Parents are willing participants in child's education.			

Please add any additional information that will give a more complete picture of the child and/or the relationship with the parents:

Name _____ Title _____

School _____ Phone _____

Address _____

Signature _____ Date _____

Thank you for your time and effort in providing us with a better understanding of this student. After completing this form, please send it directly to University Liggett School using one of the following methods:

Email: admissions@uls.org

Mail: University Liggett School
Office of Enrollment
1045 Cook Road
Grosse Pointe Woods, MI 48236