

To be completed by the Head of School, an authorized administrator,
or school counselor at applicant's CURRENT SCHOOL.

INSTRUCTIONS TO PARENTS

This form is to be completed by the applicant's **CURRENT** school. Please complete the information requested in the space below and give this form with the pre-addressed envelope to the appropriate person at your child's school.

Applicant's Name _____ Candidate for Grade _____

Administrator's Name _____

School's Name _____ Telephone Number (____) _____

INSTRUCTIONS TO ADMINISTRATOR

This recommendation should be completed and returned directly to Westmark School, Attn: Admissions. Your Comments will be held in strict confidence.

Westmark School is an accredited 2-12 school for students with language-based learning disabilities. Your assessment of this student's academic and personal qualities, as well as your input on work habits, behavior, and respect for others, will provide valuable information as we consider the applicant's candidacy for admission.

How long and in what capacity have you known the applicant and applicant's family?

Please write a brief paragraph regarding this student and his / her family.

Recommendation:	Not Recommended	Without Enthusiasm	Fairly Strong	Strongly	Enthusiastically
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and Personal Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMON RECOMMENDATION FORM FOR ADMINISTRATORS

Applicant's Name _____

APPLICANT INFORMATION

Academic Achievement	<input type="checkbox"/> Excellent	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Behavior / Conduct	<input type="checkbox"/> Excellent	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Study Habits	<input type="checkbox"/> Excellent	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Social Adjustment	<input type="checkbox"/> Excellent	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory

FAMILY INFORMATION

Communication with School	<input type="checkbox"/> Consistently	<input type="checkbox"/> Usually	<input type="checkbox"/> Rarely
Attendance at School Functions	<input type="checkbox"/> Consistently	<input type="checkbox"/> Usually	<input type="checkbox"/> Rarely
Supportive of School's Rules / Policies	<input type="checkbox"/> Consistently	<input type="checkbox"/> Usually	<input type="checkbox"/> Rarely
Participation in Child's Education	<input type="checkbox"/> Consistently	<input type="checkbox"/> Usually	<input type="checkbox"/> Rarely
Fulfillment of Financial Responsibilities	<input type="checkbox"/> Consistently	<input type="checkbox"/> Usually	<input type="checkbox"/> Rarely
Consideration for School's Faculty / Administration	<input type="checkbox"/> Consistently	<input type="checkbox"/> Usually	<input type="checkbox"/> Rarely

This administrator recommendation is confidential. Thank you for your time on the applicant's behalf.

Check here if you would like us to call you to discuss this student in greater detail.

Administrator's Signature _____ Date _____

Telephone Number (____) _____

Child's Name _____

I give my permission for any representative of the Westmark School staff to speak with the following persons (name of teacher, administrator, psychologist, educational consultant, physician, resource specialist) regarding my child:

Name / Title _____

E-mail _____ Telephone Number (_____) _____

Name / Title _____

E-mail _____ Telephone Number (_____) _____

Name / Title _____

E-mail _____ Telephone Number (_____) _____

Name / Title _____

E-mail _____ Telephone Number (_____) _____

Comments

Parent's Name _____ Relationship to Child _____

Parent's Signature _____ Date _____

TO THE PARENT / GUARDIAN

Please complete the following information before giving it to your child's school administrator.

Name of Applicant _____ Birthdate _____

Applicant for Grade _____ Current Grade _____

Address of Applicant _____

Name of Current School _____ Telephone Number (_____) _____

Address of Current School _____

Parent / Guardian Authorization Signature _____ Date _____

For the student named above, I authorize the release of school records, including an official transcript of all grades and evaluations for the past two years, testing results, and information regarding disciplinary actions.

TO THE HEAD OF SCHOOL OR PRINCIPAL

The student named above is applying for admission to _____

Please attach to this form the candidate's record, including an official transcript of all grades and evaluations, testing results, and information regarding disciplinary actions at your school for the past two years. Please be sure to include grades to date in current courses or forward first term grades to us as soon as they are available.

Thank you very much for your assistance.

School Official's Name (please print) _____

School Official's Signature _____ Date _____

Title _____

Telephone Number (_____) _____ Email _____

The Consortium of Secondary School Admission Directors (CSSAD) shares a common mission, assisting families in their exploration of independent school education. They do so by following the best practices of the National Association of Independent Schools (NAIS); by establishing and adhering to ethical, consistent policies and procedures, and most notably, their common decision notification and response dates. These organizations are also committed to sharing resources and expertise in a collegial manner to support the recruitment and enrollment of students.

Name of Applicant _____

TO THE EDUCATIONAL THERAPIST

Please select the area in which you work with the student

- Occupational Therapy Speech and Language Academics

The above named student is an applicant to Westmark School, a school for students with language-based learning differences. So that we may better understand the applicant's learning style, we would appreciate your response to the questions below. Please return the form at your earliest convenience to Westmark School/Admissions.

1. How long have you worked with this student? _____

2. How does this student interact with adults?

3. What skills are you working on with this student?

4. How does this student react to constructive suggestions?

5. What techniques do you find particularly helpful in working with this student?

6. How do you imagine this student would benefit from small classes and a structured environment?

ACADEMIC AND PERSONAL RATINGS

Please check all appropriate responses.

	Outstanding	Excellent	Good	Average	Below Average
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework Completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any additional comments that would aid the admissions office.

Signature _____

Printed Name _____

E-mail _____

Telephone Number (____) _____

TO THE PARENT / GUARDIAN

Please complete the following information before giving it to your child's school.

Date _____

Name of Applicant _____ Current Grade _____

Name of Teacher _____ Subject Taught _____

Grade Level _____ Teacher Email _____

Parent / Guardian Authorization

Signature 1 _____ Signature 2 _____

For the student named above, I waive my rights to read this recommendation.

TO THE TEACHER

The student whose name appears on this application is applying to **WESTMARK SCHOOL**. Westmark School addresses the needs of children with average to above average intelligence, who have been identified by professional evaluations to have a language-based learning disability. Your input is important in our admissions process; we value your honesty and thoroughness. The information you provide will be kept confidential and will not be shared with the applicant or his/her family.

Please complete within two weeks of the date received.

How long have you known the student?

What are the first three words / phrases that come to mind when thinking about the student?

Describe the student's preferred approach to learning (e.g., hands-on, visual, auditory, kinesthetic) and / or the type of classroom / learning environment that would be beneficial for this student.

How has curriculum been modified for this student?

How does the applicant respond to social, emotional, or academic challenges?

Please give a brief description of the applicant.

To be completed by the applicant's current teacher.

PARENTS

Please fill in the information below before giving to your child's teacher and have them send directly to Westmark School Attn: Admissions upon completion.

Teacher comments will be held in strict confidence.

Date _____

Applicant's Name _____

Current Grade _____

Teacher's Name _____

Subject Taught _____

Grade Level _____

Teacher Email _____

I hereby give permission to release school reports and recommendations, and consent to contact the above-named student's present and past schools for further information. I understand and agree that all information and evaluations supplied are confidential and will not be disclosed to me.

Parent's Authorization Signature _____

Describe the student's preferred approach to learning (e.g., hands-on, visual, auditory, kinesthetic) and/or the type of classroom / learning environment that would be beneficial for this student.

Describe ways in which you have scaffolded instruction and adapted the classroom environment for this student.

How does the applicant respond to social, emotional or academic challenges?

RECOMMENDATION FOR WESTMARK SCHOOL

Your judgments are used solely for the admissions process, are held in strictest confidence, and do not become a part of a student's permanent record. Although we are unable to acknowledge this recommendation individually, we are well aware of how much time and thought writing letters of this sort requires. We thank you in advance for the help your comments will provide. Please feel free to call if there is any information you wish to discuss at (818) 986-5045.

	Not Recommended	Without Enthusiasm	Fairly Strong	Strongly	Enthusiastically
For Academic Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For Character and Personal Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendation for Admissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECOMMENDATION FORM FOR TEACHERS

Applicant's Name _____

Thank you for taking the time to fill out this checklist. For your convenience, a number of local independent schools are using a common form for the Teacher Recommendation. Please feel free to photocopy this checklist in the event that this student is applying to more than one school. Though each school may vary in the emphasis it places on the qualities listed below, every school is interested in the descriptive profile of a student, which this checklist provides.

Academic Achievement	<input type="checkbox"/> Below Expectations	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Outstanding
Ability to Work in a Group	<input type="checkbox"/> Has Great Difficulty	<input type="checkbox"/> Sometimes has Difficulty	<input type="checkbox"/> Usually Effective	<input type="checkbox"/> Always Works Well
Ability to Work Alone	<input type="checkbox"/> Has Great Difficulty	<input type="checkbox"/> Needs Help Frequently	<input type="checkbox"/> Needs Help Occasionally	<input type="checkbox"/> Always Works Well
Participation in Discussions	<input type="checkbox"/> Rarely Contributes	<input type="checkbox"/> Wants to Dominate	<input type="checkbox"/> Contributes Occasionally	<input type="checkbox"/> Joins in Readily
Classroom Conduct	<input type="checkbox"/> Frequent Disruptions	<input type="checkbox"/> Occasional Misconduct	<input type="checkbox"/> Usually Good Behavior	<input type="checkbox"/> Good Conduct
Written Expression	<input type="checkbox"/> Poor	<input type="checkbox"/> Limited	<input type="checkbox"/> Good	<input type="checkbox"/> Exceptional
Ability to Express Ideas Orally	<input type="checkbox"/> Limited	<input type="checkbox"/> Has Some Difficulty	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Daily Preparations	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Use of Time	<input type="checkbox"/> Uses Poorly	<input type="checkbox"/> Occasionally Wastes	<input type="checkbox"/> Usually Uses Well	<input type="checkbox"/> Always Uses Effectively
Follows Directions	<input type="checkbox"/> Rarely	<input type="checkbox"/> Needs Much Explanation	<input type="checkbox"/> Occasionally Needs Help	<input type="checkbox"/> Quickly and Effectively
Critical Thinking	<input type="checkbox"/> Limited	<input type="checkbox"/> Fair	<input type="checkbox"/> Frequently Perceptive	<input type="checkbox"/> Exceptionally Perceptive
Seeks Help When Needed	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Effort / Drive	<input type="checkbox"/> Limited	<input type="checkbox"/> Sporadic	<input type="checkbox"/> Usually Good	<input type="checkbox"/> Maximum
Attention Span	<input type="checkbox"/> Easily Distracted	<input type="checkbox"/> Occasionally Distracted	<input type="checkbox"/> Usually Good	<input type="checkbox"/> Exceptionally Good
Leadership Potential	<input type="checkbox"/> A Follower	<input type="checkbox"/> Leads When Given Responsibility	<input type="checkbox"/> Seeks Opportunities and Uses Them Well	<input type="checkbox"/> A Natural Leader
Initiative	<input type="checkbox"/> Never Initiates	<input type="checkbox"/> Rarely Initiates	<input type="checkbox"/> Occasionally Initiates	<input type="checkbox"/> Often Initiates
Stability	<input type="checkbox"/> Easily Frustrated	<input type="checkbox"/> Seeks Much Attention	<input type="checkbox"/> Somewhat Tense	<input type="checkbox"/> Stable
Curiosity	<input type="checkbox"/> Limited	<input type="checkbox"/> Occasional	<input type="checkbox"/> Frequent	<input type="checkbox"/> Consistent
Imagination	<input type="checkbox"/> Little	<input type="checkbox"/> Fair	<input type="checkbox"/> Active	<input type="checkbox"/> Highly Developed
Integrity	<input type="checkbox"/> Questionable	<input type="checkbox"/> Usually Trustworthy	<input type="checkbox"/> Trustworthy	<input type="checkbox"/> Highly Developed
Consideration of Others	<input type="checkbox"/> Rarely Considerate	<input type="checkbox"/> Usually Considerate	<input type="checkbox"/> Considerate	<input type="checkbox"/> Extremely Thoughtful
Social Adjustment with Peers	<input type="checkbox"/> Relates Poorly	<input type="checkbox"/> Has Occasional Problems	<input type="checkbox"/> Usually Relates Well	<input type="checkbox"/> Healthy Relationships
Sense of Humor	<input type="checkbox"/> Rarely Laughs or Smiles	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Delightful
Self-confidence	<input type="checkbox"/> Needs Much Reassurance	<input type="checkbox"/> Appears Overly Confident	<input type="checkbox"/> Needs Some Support	<input type="checkbox"/> Positive Self-image
Parent Participation in Child's Education	<input type="checkbox"/> Rarely Involved	<input type="checkbox"/> Overly Involved	<input type="checkbox"/> Sometimes Involved	<input type="checkbox"/> Appropriately Involved
Parent Cooperation	<input type="checkbox"/> Unknown	<input type="checkbox"/> Uncooperative	<input type="checkbox"/> Fair	<input type="checkbox"/> Good
Parent Expectations for Student	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unrealistic	<input type="checkbox"/> Realistic	<input type="checkbox"/> Other

Is there anything else we should know about this applicant?

May we contact you in regards to this applicant?

Yes No

Teacher's Signature _____

Type / Print Name _____

Telephone Number (_____) _____

Email _____