

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 _____ Applicant for Grade _____

Parent / Guardian Authorization Signature _____ Date _____

For the student named above, I waive my rights to read the Administrative Recommendation.

TO THE HEAD OF SCHOOL OR PRINCIPAL

The Consortium of Secondary School Admission Directors (CSSAD) share 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.

For your convenience, a number of Los Angeles area Independent schools are using a common form for the Administrative Recommendation Form. This form is accepted by the following Los Angeles area schools:

Archer, Berkeley Hall, Brentwood, Bridges Academy, Buckley, Calvary Christian, Campbell Hall, Chadwick, Chatsworth Hills, The Country School, Crossroads, de Toledo, Episcopal School of Los Angeles, Harvard-Westlake, Heschel, Lainer School, Marlborough, Marymount, Milken, Mirman, New Roads, Oakwood, Pilgrim, Pressman Academy, Rolling Hills Prep, Sierra Canyon, St. Matthew's, Turning Point, Viewpoint, Vistamar, Wesley, Westmark, Westside Neighborhood, Wildwood, Willows, and Windward.

Please complete this form. Please note that a transcript is also required.

Name of Person Completing this Form _____

Title _____ Current School _____

Email _____ Telephone Number (____) _____

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

Has this student ever been subject to any serious disciplinary action, suspension, or expulsion from school?

Yes No

If yes, Explain.

SUMMARY APPRAISAL OF STUDENT

In an attached letter, please write a summary appraisal of the candidate, assessing his/her personal and academic qualities and potential. We are interested in evidence about the strengths and weaknesses, values, relative maturity of the candidate, the things s/he is enthusiastic about, and any talent or special quality s/he possesses. We would also like to know about any circumstances that interfered with his/her achievement and growth, any disciplinary action that may have been taken, or any explanation of absences greater than 10 days in an academic year. Please explain the ways in which the family supports their child and the policies of your school. Be assured that we do read every word you write and find your input invaluable in our evaluations.

STUDENT'S ACADEMIC AND SOCIAL- EMOTIONAL ATTRIBUTES

Please check the appropriate rating

- | | | | | |
|-------------------------------|---|--|--|---|
| 1. Academic Achievement | <input type="checkbox"/> Below Expectations | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Outstanding |
| 2. Conduct | <input type="checkbox"/> Poor | <input type="checkbox"/> Occasional Misconduct | <input type="checkbox"/> Usually Good Behavior | <input type="checkbox"/> Good Conduct |
| 3. Integrity | <input type="checkbox"/> Questionable | <input type="checkbox"/> Usually Trustworthy | <input type="checkbox"/> Trustworthy | <input type="checkbox"/> Highly Developed |
| 4. Consideration of Others | <input type="checkbox"/> Rarely Considerate | <input type="checkbox"/> Usually Considerate | <input type="checkbox"/> Considerate | <input type="checkbox"/> Extremely Thoughtful |
| 5. Social Adjustment w/ Peers | <input type="checkbox"/> Relates Poorly | <input type="checkbox"/> Has Occasional Problems | <input type="checkbox"/> Usually Relates Well | <input type="checkbox"/> Healthy Relationships w/ Peers |
| 6. Stability | <input type="checkbox"/> Easily Frustrated | <input type="checkbox"/> Seeks Much Attention | <input type="checkbox"/> Handles Most Situations | <input type="checkbox"/> Stable |

FAMILY INFORMATION

Please check the appropriate rating

- | | | | | |
|--|---|---|--|--|
| 1. Appropriate Communication w/ School | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |
| 2. Attendance at School Functions | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |
| 3. Cooperation with School Rules | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |
| 4. Cooperation with Faculty / Administration | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |
| 5. Fulfillment of Financial Responsibilities in a Timely Fashion | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |
| 6. Participation in School Community | <input type="checkbox"/> Very Helpful | <input type="checkbox"/> When Given Opportunity | <input type="checkbox"/> On Occasion | <input type="checkbox"/> Seldom |
| 7. Participation in Child's Education | <input type="checkbox"/> Appropriately Involved | <input type="checkbox"/> Occasionally Involved | <input type="checkbox"/> Overly Involved | <input type="checkbox"/> Rarely Involved |
| 8. Parent Expectations for Student | <input type="checkbox"/> Realistic | <input type="checkbox"/> Unrealistic | <input type="checkbox"/> Unknown | <input type="checkbox"/> Other |

I recommend this applicant for admission

- | | Enthusiastically | Strongly | Without Enthusiasm | Not Recommended |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| For Academic Promise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| For Character | <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"/> |

Signature _____

Date _____

TO THE PARENT / GUARDIAN

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

Name of Applicant _____ Birthdate of Applicant _____

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 SCHOOL ADMINISTRATOR

The Consortium of Secondary School Admission Directors (CSSAD) share 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.

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.

Has this student ever been subject to any serious disciplinary action, suspension, or expulsion from school?

Yes No

If yes, Explain.

School Official's Name and Title _____

School Official's Signature _____ Date _____

Email _____ Telephone Number (_____) _____



TO THE PARENT / GUARDIAN

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

Name of Applicant _____ Applicant for Grade _____

Parent / Guardian Authorization Signature _____ Date: _____

For the student named above, I waive my rights to read the English Teacher Recommendation.

TO THE ENGLISH TEACHER

The Consortium of Secondary School Admission Directors (CSSAD) share 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.

Thank you for taking the time to complete this recommendation form. For your convenience, a number of Los Angeles area Independent schools are using a common form for the Teacher Recommendation Form. This form is accepted by the following Los Angeles area schools:

Archer, Berkeley Hall, Brentwood, Bridges Academy, Buckley, Calvary Christian, Campbell Hall, Chadwick, Chatsworth Hills, The Country School, Crossroads, de Toledo, Episcopal School of Los Angeles, Harvard-Westlake, Heschel, Lainer School, Marlborough, Marymount, Milken, Mirman, New Roads, Oakwood, Pilgrim, Pressman Academy, Rolling Hills Prep, Sierra Canyon, St. Matthew's, Turning Point, Viewpoint, Vistamar, Wesley, Westmark, Westside Neighborhood, Wildwood, Willows, and Windward.

Your candid observations about the student's academic performance, intellectual promise, and personal qualities will help inform the Admissions Committee's decisions. Your comments will be held in strict confidence. Complete and send this report directly to the school.

Name of Teacher _____ Current School _____

Email _____ Telephone Number (____) _____

How well do you know the student academically?

In what courses and grade level(s) did/do you teach the student?

Please list three pieces of literature covered in the course:

NARRATIVE QUESTIONS

We encourage you to type directly into this pdf form. Each text box has a 1200-character limit. If you choose to print out the form, please note that there will be a blank space after each question for you to write your response.

Please comment on the applicant's academic and personal strengths.

Please comment on the applicant's academic and personal weaknesses or areas of growth.

How does the student respond to feedback or criticism?

In comparison to peers, please comment on the student's overall character and contributions to the community.

Please mention any additional information that you think might help our school make an informed decision.

ACADEMIC & SOCIAL-EMOTIONAL ATTRIBUTES

| | Excellent | Very Good | Good | Below Average | No Basis for Judgment |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Academic Achievement | <input type="checkbox"/> |
| 2. Works Independently w / Focus | <input type="checkbox"/> |
| 3. Works Cooperatively w / Peers | <input type="checkbox"/> |
| 4. Follows Directions | <input type="checkbox"/> |
| 5. Effort / Determination | <input type="checkbox"/> |
| 6. Regulates Impulses and Emotions | <input type="checkbox"/> |
| 7. Demonstrates Honestly and Integrity | <input type="checkbox"/> |
| 8. Takes Responsibility for Own Actions | <input type="checkbox"/> |
| 9. Shows Initiative / Internal Motivation | <input type="checkbox"/> |
| 10. Shows Consideration of Others | <input type="checkbox"/> |
| 11. Resilience | <input type="checkbox"/> |
| 12. Seeks to Deepen Understanding | <input type="checkbox"/> |
| 13. Maturity (Relative to Age) | <input type="checkbox"/> |
| 14. Effectively Communicates Ideas, in Writing | <input type="checkbox"/> |
| 15. Effectively Communicates Ideas, Orally | <input type="checkbox"/> |
| 16. Participation | <input type="checkbox"/> |
| 17. Attention Span | <input type="checkbox"/> |
| 18. Uses Time Productively | <input type="checkbox"/> |



I recommend this applicant for admission

| | Enthusiastically | Strongly | Without Enthusiasm | Not Recommended |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| For Academic Promise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| For Character | <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"/> |

Signature _____

Date _____

TO THE PARENT / GUARDIAN

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

Name of Applicant _____ Applicant for Grade _____

Parent / Guardian Authorization Signature _____ Date: _____

For the student named above, I waive my rights to read the Math Teacher Recommendation.

TO THE MATH TEACHER

The Consortium of Secondary School Admission Directors (CSSAD) share 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.

Thank you for taking the time to complete this recommendation form. For your convenience, a number of Los Angeles area Independent schools are using a common form for the Teacher Recommendation Form. This form is accepted by the following Los Angeles area schools:

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Your candid observations about the student's academic performance, intellectual promise, and personal qualities will help inform the Admissions Committee's decisions. Your comments will be held in strict confidence. Complete and send this report directly to the school.

Name of Teacher _____ Current School _____

Email _____ Telephone Number (____) _____

How well do you know the student academically?

In what courses and grade level(s) did/do you teach the student?

What are the major topics covered in the student's current math class?

What math class would be the most appropriate placement for the next academic year?



NARRATIVE QUESTIONS

We encourage you to type directly into this pdf form. Each text box has a 1200-character limit. If you choose to print out the form, please note that there will be a blank space after each question for you to write your response.

Please comment on the applicant's academic and personal strengths.

Please comment on the applicant's academic and personal weaknesses or areas of growth.

How does the student respond to feedback or criticism?

In comparison to peers, please comment on the student's overall character and contributions to the community.

Please mention any additional information that you think might help our school make an informed decision.

ACADEMIC & SOCIAL-EMOTIONAL ATTRIBUTES

| | Excellent | Very Good | Good | Below Average | No Basis for Judgment |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Academic Achievement | <input type="checkbox"/> |
| 2. Works Independently w / Focus | <input type="checkbox"/> |
| 3. Works Cooperatively w / Peers | <input type="checkbox"/> |
| 4. Follows Directions | <input type="checkbox"/> |
| 5. Effort / Determination | <input type="checkbox"/> |
| 6. Regulates Impulses and Emotions | <input type="checkbox"/> |
| 7. Demonstrates Honesty and Integrity | <input type="checkbox"/> |
| 8. Takes Responsibility for Own Actions | <input type="checkbox"/> |
| 9. Shows Initiative / Internal Motivation | <input type="checkbox"/> |
| 10. Shows Consideration of Others | <input type="checkbox"/> |
| 11. Resilience | <input type="checkbox"/> |
| 12. Seeks to Deepen Understanding | <input type="checkbox"/> |
| 13. Maturity (Relative to Age) | <input type="checkbox"/> |
| 14. Command of Mathematics | <input type="checkbox"/> |
| 15. Effectively Communicates Ideas, Orally | <input type="checkbox"/> |
| 16. Participation | <input type="checkbox"/> |
| 17. Attention Span | <input type="checkbox"/> |
| 18. Uses Time Productively | <input type="checkbox"/> |

I recommend this applicant for admission

| | Enthusiastically | Strongly | Without Enthusiasm | Not Recommended |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| For Academic Promise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| For Character | <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"/> |

Signature _____

Date _____

NAME OF APPLICANT _____

TO THE EDUCATIONAL THERAPIST

(Please circle 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.

How long have you worked with this student?

How does this student interact with adults?

What skills are you working on with this student?

How does this student react to constructive suggestions?

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

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"/> |
| Character & Integrity | <input type="checkbox"/> |
| Responsibility | <input type="checkbox"/> |
| Emotional Maturity | <input type="checkbox"/> |
| Emotional Stability | <input type="checkbox"/> |
| Motivation | <input type="checkbox"/> |
| Homework Completion | <input type="checkbox"/> |
| Organization | <input type="checkbox"/> |
| Attention Span | <input type="checkbox"/> |
| Self-confidence | <input type="checkbox"/> |

Printed Name _____

Signature _____

Email _____

Telephone Number (____) _____

NAME OF APPLICANT _____

TO THE COUNSELOR

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.

What is the duration, modality and frequency of contact with this student?

What is the presenting problem and relevant issues addressed in treatment?

How have this child's learning disabilities affected your treatment of this student?

What is the current and past medication history of this student?

How would you rate this student's functioning in the following areas?

Ability to separate in an age-appropriate manner:

Ability to make and maintain friends:

Involvement in recreational and leisure activities:

Ability to follow rules and adjust to institutional expectations:

Social Skills:

Will you remain involved in a counseling relationship with this student after WM admittance?

Would you recommend further counseling or other services that would help support this student?

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

Printed Name _____

Signature _____

School Name _____

City _____

Email _____

School Phone (_____) _____