

Recommendation - Page 1

TO THE PARENT:

Please complete the information requested below and submit this form to your child's current school.

Student's Name: _____ Age: _____

Date of Birth: _____ Applying for Grade: _____ in September of: _____

TO THE SCHOOL:

Administrator/Teacher's Name: _____ Title/Position: _____

Current School: _____ Phone: (_____) _____

Current School Address: _____ City, State, Zip: _____

Abraham Joshua Heschel Day School, a community Jewish day school, provides a rich dual-curricular education that encourages independent and critical thinking, lifelong learning, self-awareness, and compassion. In partnership with our families, we inspire our students to become active, dedicated, ethical, and informed citizens and leaders who are committed to Israel and the vitality of the Jewish people.

Your completion of this evaluation will help us ensure that the child's next school be an appropriate one for both student and family. Your valued observations will be used solely for the admission process. The professional comments you share will be held in STRICTEST CONFIDENCE. Thank you for providing your insights.

In the space below, please share with us your observations relating to this student's academic ability, work habits, initiative, divergent thinking, relationships with peers, classroom behavior, attitude, and emotional maturity. If you need additional space, please feel free to attach a separate letter.

SOCIAL AND EMOTIONAL DEVELOPMENT	MATURE	AGE APPROPRIATE	NEEDS DEVELOPMENT	IMMATURE
LISTENS				
COOPERATES				
RELATES TO PEERS				
EXHIBITS SELF-CONFIDENCE				
ADJUSTS TO TRANSITIONS				
TOLERATES FRUSTRATION				
SEPARATES FROM PARENTS				
SHARES MATERIALS AND POSSESSIONS				
FUNCTIONS INDEPENDENTLY				
ASKS FOR HELP WHEN NEEDED				

Comments: _____

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PHYSICAL DEVELOPMENT	MATURE	AGE APPROPRIATE	NEEDS DEVELOPMENT	IMMATURE
FINE MOTOR CONTROL				
GROSS MOTOR CONTROL				
HANDEDNESS ESTABLISHED YES / NO				

COGNITIVE DEVELOPMENT	MATURE	AGE APPROPRIATE	NEEDS DEVELOPMENT	IMMATURE
EXPRESSES IDEAS ORALLY				
ARTICULATES CLEARLY				
SUSTAINS ATTENTION IN SMALL GROUPS				
SUSTAINS ATTENTION IN LARGE GROUPS				
GRASPS CONCEPTS				
RECALLS DETAILS				
DEMONSTRATES AN INTEREST IN LEARNING				
UTILIZES MATERIALS				
FOLLOWS DIRECTIONS				

Are there any special needs or required modifications for this student? Yes: _____ No: _____

If "Yes," please explain: _____

FAMILY INFORMATION	CONSISTENTLY	USUALLY	SOMETIMES	RARELY
COMMUNICATES OPENLY WITH SCHOOL				
PARTICIPATES IN SCHOOL ACTIVITIES				
COOPERATES WITH CLASSROOM TEACHERS				
COOPERATES WITH ADMINISTRATION				
FOLLOWS THE RULES AND POLICIES OF THE SCHOOL				
HAS REALISTIC EXPECTATIONS FOR THIS CHILD				
MEETS FINANCIAL OBLIGATION IN TIMELY MANNER				

Comments: _____

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

How long have you known this student? _____ First date of enrollment in your school: _____

Signature: _____ Date: _____