



MAGEN DAVID YESHIVAH
Admissions Office
 2130 McDonald Avenue
 Brooklyn, NY 11223
 718 269-4076
 Fax: 718-942-6562
 admissions@mdyschool.org

EARLY CHILDHOOD PROGRAM RECOMMENDATION FORM

Parent: Please complete the top portion and submit to your child's current school. It should be returned to us by the school.

Name of Child _____

Date of Birth _____ Applying for Grade _____

Current School/Program _____

I permit a representative of the Magen David Yeshivah Early Childhood Program to observe my child in his/her current school setting.

Parent Signature _____

Teacher: Thank you for taking the time to complete this recommendation form. All information is confidential and will be used only for admission purposes.

Attendance is Consistent Inconsistent

Social/Emotional Development

	Notably Advanced	Age Appropriate	Progressing towards Age Appropriate	Possible Area of Concern
Comfort with peers				
Capacity to lead				
Capacity to follow				
Ability to work independently				
Ability to initiate play				
Cooperation in classroom				

	Notably Advanced	Age Appropriate	Progressing towards Age Appropriate	Possible Area of Concern
Comfort with adults				
Appropriate use of materials				
Ability to listen in a large group				
Ability to listen in a small group				
Ability to complete a task in a small group				
Ability to contribute to discussions				
Ability to follow 1-step directions				
Ability to follow 2-step directions				
Respect for classroom routines				
Ability to transition between tasks				
Appreciation of new challenges				
Positive response to constructive criticism				
Ability to express thoughts and ideas				
Ability to problem solve				

Please comment on early readiness development (e.g. receptive and expressive language, visual and auditory discrimination).

Physical Development

	Notably Advanced	Age Appropriate	Progressing towards Age Appropriate	Possible Area of Concern
Small muscle control and coordination				
Large muscle control and coordination				
Participation in outdoor physical activities				

Please check the words that best describe this student:

- | | | | | |
|-----------------------------------|--------------------------------------|-------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Happy | <input type="checkbox"/> Anxious | <input type="checkbox"/> Articulate | <input type="checkbox"/> Perfectionist |
| <input type="checkbox"/> Social | <input type="checkbox"/> Motivated | <input type="checkbox"/> Moody | <input type="checkbox"/> Manipulative | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Influential | <input type="checkbox"/> Confident | <input type="checkbox"/> Disobedient | <input type="checkbox"/> Disorganized |
| <input type="checkbox"/> Follower | <input type="checkbox"/> Responsible | <input type="checkbox"/> Well-liked | <input type="checkbox"/> Distractible | <input type="checkbox"/> Easily discouraged |
| <input type="checkbox"/> Leader | <input type="checkbox"/> Distracting | <input type="checkbox"/> Energetic | <input type="checkbox"/> Rambunctious | <input type="checkbox"/> Irritable |

Please describe the student's particular strengths.

Please describe areas in need of further development.

Is there anything else you feel we should know about this student?

Name of Teacher _____

Relationship to Student _____

Signature _____ Date _____

Please return to:

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