



## CONFIDENTIAL RECOMMENDATION FORM & REQUEST FOR STUDENT RECORDS FOR CHILDREN ENTERING 1<sup>ST</sup> GRADE thru 8<sup>TH</sup> GRADE

PARENTS/GUARDIANS: Please complete the top portion and sign to give permission for release of records.

Then **give this form to your child's current school.**

Name of Child: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print name of Parent / Guardian: \_\_\_\_\_

### **To the Principal:**

The child listed above is applying for admission to our school. Your candid assessment of the applicant is very helpful in our attempt to find a school placement which will be appropriate for both the student and the family. We greatly appreciate your taking the time and effort to complete and return this form.

Please send the following records, in addition to filling out the attached form:

1. Last year's final report card and current report card
2. Most recent standardized test scores
3. Attendance records
4. Disciplinary records, if applicable
5. Psychological and/or educational evaluations, if applicable

After completing this form, please send it along with the above requested document to:

The Jewish Academy C/O Admissions  
5100 Sheridan Street.  
Hollywood, FL 33021  
Fax: 954-457-3449

**Your judgments are used solely for the admission process and are held in strictest confidence.  
We thank you in advance for the help your comments provide.**



**Student Name** \_\_\_\_\_ **Current Grade** \_\_\_\_\_

**Name of teacher filling out this section** \_\_\_\_\_

I have known this child \_\_\_\_\_ years, \_\_\_\_\_ months.

Compared to all the students this age that you have taught, please rate this student in the following areas:

	Exceeds Age Development	Age Appropriate	Needs Development
<b>SOCIAL AND EMOTIONAL DEVELOPMENT:</b>			
Cooperates with peers			
Shows self-confidence			
Sustains attention during class time			
Takes responsibility			
Tolerates frustration			
Adjusts to transitions			
Shows concern for others			
Expresses feelings appropriately			
Controls impulses			
Reaction to criticism			
<b>WORK HABITS:</b>			
Quality of work			
Independent Work			
Study habits /Organizational skills			
Attentiveness			
Class participation			
<b>ACADEMIC ABILITY:</b>			
Reading fluency			
Writing mechanics			
Oral skills			
Hebrew language skills			
Math skills			

**Please comment on the following (please attach separate page if necessary):**

What adjectives come to mind when you think of this applicant? \_\_\_\_\_  
 \_\_\_\_\_

Does the child need extra assistance from the teacher? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is there anything unusual or exceptional about this child that you feel deserves special consideration? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Student Name** \_\_\_\_\_ **Current Grade** \_\_\_\_\_

This part should be filled out by the principal:

How long has the child been enrolled in your school? \_\_\_\_\_

Please comment on the parents' cooperation, involvement and relationship with child: \_\_\_\_\_

\_\_\_\_\_

Please comment on the compatibility of the parents' perception of the child with the school's understanding of the child: \_\_\_\_\_

\_\_\_\_\_

If your school is private, are financial responsibilities for school bills met on time? \_\_\_\_\_

Have all financial responsibilities, to this date, been satisfied? \_\_\_\_\_

**I recommend this student for admission (check one)**

\_\_\_\_ **With great enthusiasm**

\_\_\_\_ **With confidence**

\_\_\_\_ **With reservation**

\_\_\_\_ **I do not recommend**

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Would we be able to make a more informed decision if we had a conversation with you? ☐ YES ☐ NO

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Best hours to reach you

\_\_\_\_\_  
Name of Principal (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
School Phone

\_\_\_\_\_  
School Fax