

N.E. MILES JEWISH DAY SCHOOL

CONFIDENTIAL TEACHER RECOMMENDATION FORM – KINDERGARTEN

To Parent(s) of Applicant:

Please forward this recommendation form to the appropriate teacher in your child's current school. The recommender needs to mail the form directly to the Admissions Office at the school. In order to ensure a candid assessment of the student's performance, we ask you to sign the consent release statement included below.

I/We hereby give our consent to _____ to release to the N.E. Miles Jewish Day School the following information pertaining to our child. I/We understand that this evaluation is confidential and I/we hereby waive any rights I/ We may have to review its contents. I also understand that the N.E. Miles Jewish Day School may elect to observe my child in his/her current school setting.

Parent's Signature _____ Date _____

To Recommender:

Recommendation Form for Admission to the N.E. Miles Jewish Day School's Kindergarten Class

Name of Applicant _____

This child is applying for admission to the N.E. Miles Jewish Day School. We would appreciate your observations about the areas listed below. Your candid estimate of the applicant will be of invaluable assistance to our Admissions Committee and will remain confidential. Please complete after 1/11/18 but no later than 4/1/18.

Please check your assessment of the applicant in each category.

Social / Emotional Development For Applicants Grade Level

	Outstanding	Above Average	Average	Below Average	Comments or Concerns
Interactions with adults					
Interactions with peers					
Play Behavior					
Appropriate response during group instruction					
Acceptance of responsibility for actions					
Self-confidence					
Self control					
Leadership qualities					
Respectful of rights and property of others					
Verbal and appropriate expression of needs and requests					

Work Habits

	Outstanding	Above Average	Average	Below Average	Comments or Concerns
Is attentive: listens carefully					
Follows directions					
Works independently; shows initiative and self motivation					
Completes task on time					
Uses time and materials effectively					

Language Development / Communication Skills

	Outstanding	Above Average	Average	Below Average	Comments or Concerns
Speaks in complete sentences					
Orally labels common everyday items/ uses appropriate vocabulary					
Makes relevant verbal contributions during small group discussions					
Sequences events					

Physical Development

	Outstanding	Above Average	Average	Below Average	Comments or Concerns
Gross motor (balance, movement through space, etc.)					
Fine Motor (hand-eye coordination, stacks blocks, cuts, copies some letters & shapes)					

Please circle those terms that are TYPICAL and comment if needed:

Social Development - plays with others, plays alone, takes the lead, initiates activity, reticent in new situations, stands up for self, follows, exhibits independence, follows rules, shares, responds positively to correction

Emotional Development - angry, controlled, content, withdrawn, confident, aggressive, nervous, shy, receptive, hostile, even-tempered, adaptable, flexible, happy

Work Habits- works independently, works in a group, follows directions, focuses, difficulty in maintaining focus, listens attentively, organizes, is persistent, is distractible, and completes tasks

Comments:

Pre-Academic and Cognitive Development

	Most of the Time	Some of the Time	Seldom	Not Formally Introduced	Comments or Concerns
Classifies objects by different attributes					
Recognizes patterns					
Compares size relationships (large/small; long/short, etc.)					
Recognizes and orders cardinal numerals in sequence (1,2,3 etc.)					
Establishes a one to one correspondence (by matching members of equivalent sets)					
Spatial awareness; awareness of directionality and orientation					
Distinguishes words that begin with the same sound (ball - bat, etc.)					
Shows an interest in printed words					

In the following section please mark a check next to the appropriate responses:

1. Has the candidate been given an educational evaluation by a diagnostician or psychologist?

YES___ NO___ If yes, when? _____

For what purpose? _____

2. Does the candidate have any significant limitations (language/ speech, physical, emotional, social)?

YES___ NO___

If yes, please explain: _____

3. Has the child been exposed to any language(s) other than his/her native language?

YES___ NO___

If yes, please indicate which language and describe in what situation it is or was used,

4. How do you consider the child's parents? Very cooperative___ Usually cooperative___ Rarely cooperative___ Follows through with suggestions___ Has realistic picture of their child's ability___ Values child's uniqueness___

Please comment on degree and type of parental involvement:

5. Compared to other students in similar circumstances, how would you rate this candidate? One of the top I have encountered in my career _____ Outstanding _____ Good (above average) _____ Fair _____ Weak _____ Other comments _____

Please comment:

Areas in which the student excels

Areas in which the child has the greatest needs

Please write any additional comments about this student that would be helpful to us as well as the student

Thank you for your time and effort in evaluating this student and assisting both the candidate and the N. E. Miles Jewish Day School. Your information will remain confidential.

Teacher's Signature _____ Date _____

Printed Name _____ Phone # (including area code) _____

School Name _____

School Address _____ City _____ State _____ Zip _____

In what capacity have you known the applicant? _____

Length of acquaintance _____

After completing the form, please mail to:

N. E. Miles Jewish Day School

4000 Montclair Road

Birmingham, AL 35213

For further questions please call 205-879-1068