

N. E. MILES JEWISH DAY SCHOOL

CONFIDENTIAL TEACHER RECOMMENDATION FORM: 1st – 4th Grade

To Parent(s) of Applicant:

Please forward this recommendation form to the appropriate teacher in your child's current school. The teacher needs to mail the form directly to the N. E. Miles Jewish Day 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.

Parent's Signature: _____ Date _____

To Recommender:

School Recommendation Form For Admission to The N. E. Miles Jewish Day School's 1st - 4th Grade

Name of Applicant: _____ Grade for Which Applying _____

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 and will remain confidential.

Areas	5	4	3	2	1	Your Rating
Academic Ability	Superior	Fine Student	Capable of Satisfactory Work	Marginal Ability	Poor Academic Ability	
Independent Work & Study Habits	Excellent	Above Average	Average	Weak	Unsatisfactory	
Conduct & Integrity	Outstanding in Every Respect	Generally Excellent	Good or Acceptable	Weak or Questionable	Poor	
Attentiveness to Tasks	Always	Almost Always	Usually	Mild Attention Problem	Severe Attention Problem	
Motivation	Excellent	Above Average	Average	Occasionally Weak	Poor	
Attitude	Outstanding	Generally Excellent	Satisfactory	Less than Satisfactory	Poor	
Social Skills	Positive Leadership	Cooperates with Peers	Average Skills	Circle One: Little Interaction, Somewhat Aggressive	Circle One: Isolated, Overly Aggressive	
Maturity & Stability	Excellent	Above Average	Average for Age	Below Expected Level	Poor	
Recommendation as a Student	Outstanding	Excellent	Good	Fair	Poor	

In the following section, please mark a check next to the appropriate response.

1. Does the candidate have any outstanding abilities or deficiencies not covered by the above categories? YES ___ NO ___

If yes, please explain: _____

2. Does the candidate reproduce sounds correctly without difficulty? YES ___ NO ___

3. Has the candidate mastered phonics? YES ___ NO ___

4. Does the candidate read? YES___NO___
5. The candidate learns best through: Phonics_____ Sight Words_____ Combination_____
6. Has the child been exposed to any languages other than English? YES___NO___
- If yes, please explain: _____
-

7. Do you feel the child would have difficulty learning another language? YES___NO___
- If yes, please explain: _____
-

8. Does the candidate have any significant limitations that may affect his/her academic progress? YES___NO___
- If yes, please explain: _____
-

9. Please indicate whether the candidate has ever been recommended for any of the following programs: Speech____ Hearing____ Impaired Vision ____ Gifted ____ Learning Disabled____
- If yes, did child participate? YES____ NO____ In which? _____

10. How do you consider the candidate's parents? Very cooperative _____ Usually cooperative____ Rarely cooperative____ Never had any communication with them_____

11. Is the candidate in good standing and eligible to remain if you offer the next grade level? YES___NO___

12. Has any disciplinary action ever been taken regarding this student? YES___NO___

- If yes, please explain: _____
-

13. Compared to other students in your class, how would you rate this candidate? One of the top I have encountered in my career ___ Excellent___ Good (above average) ___Fair ___ Weak ___ Unable to rate___

14. How would you rank applicant's performance in his/her class? Top third____ Middle third____ Bottom third____

If applicable for Hebrew language and/or Judaic studies:

- How many years has this student studied Hebrew language? _____
- How would you describe this student's Hebrew reading ability? Excellent _____ Good (above average) _____ Fair _____ Weak _____
- How would you describe this student's Hebrew conversation ability? Excellent _____ Good (above average) _____ Fair _____ Weak _____
- How many years has this student studied Judaics? _____

We ask that you use the space below to write a brief narrative report that further describes the student and/or explain the answers to the questions above. Please give your estimate of the candidate's possible success in and contribution to the NEMJDS. You are encouraged to comment candidly on those characteristics of the candidate that seem to you to distinguish him or her from other students with whom you have been associated. Illustrate by example when appropriate. Is the candidate's record with your school a true index of ability, or have outside circumstances interfered with academic achievement? (For example: illness, excess in involvement in extracurricular activities, difficult home situation.) What suggestions can you give The N. E. Miles Jewish Day School to help this student be successful and happy?

Thank you for your time and effort in evaluating this student and assisting both the candidate and The N. E. Miles Jewish Day School.

Teacher's signature _____ Date _____

Printed Name _____ Phone _____

School Name _____

School Address _____ City _____ State _____ Zip _____

In what capacity have you known the applicant? _____ Length of acquaintance _____

After completing this form, please mail to:

N. E. Miles Jewish Day School

Atten: Rebekah Weinberger

4000 Montclair Road

Birmingham, AL 35213

For further questions please call 205-879-1068