

TEACHER RECOMMENDATION FORM FOR APPLICANTS GRADE 1-5

Student's Name _____

Student's Birth Date _____ Age _____ Current Grade _____
MONTH DAY YEAR

Applying to Grade _____ For school year _____ Interaction with child _____ Relationship _____
YEARS MONTH

CURRENT TEACHER EVALUATION OF APPLICANT

Thank you for taking the time to provide Charlotte Jewish Day School with the following evaluation information. Your assessment of the Applicant helps us determine appropriate admissions decisions. In addition, if Applicant is accepted we will be able to meet the educational needs of this student. Accurate and forthright information will assure that the child's placement will be appropriate and successful. If necessary, we may contact you to obtain more information about the Applicant's educational and emotional needs.

Teacher or Administrator: Answer by placing a check on line below where appropriate.

	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Ability to concentrate	_____	_____	_____	_____
Self control of physical/verbal activity	_____	_____	_____	_____
Ability to adapt to change in daily schedule	_____	_____	_____	_____
Ability to make transitions from activity to activity	_____	_____	_____	_____
Demonstrates an even temperament	_____	_____	_____	_____
Demonstrates self motivation	_____	_____	_____	_____
Peer relationships	_____	_____	_____	_____
Ability to work independently	_____	_____	_____	_____
Ability to work in a group	_____	_____	_____	_____
Ability to cope with competitive situations	_____	_____	_____	_____
Ability to cope with a dual curriculum	_____	_____	_____	_____
Student's response to teacher authority	_____	_____	_____	_____
Behaves appropriately	_____	_____	_____	_____
Ability to read Hebrew print	_____	_____	_____	_____
Ability to read Hebrew cursive	_____	_____	_____	_____

AUDITORY

	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Acuity				
Processing				
Discrimination				

SPOKEN LANGUAGE

Articulation				
Oral Expression				

VISUAL SKILLS

Acuity				
Perception				
Discrimination				

COMMENTS: Please elaborate on any areas in which you indicated concern about the applicant’s abilities.

Has the student been referred to a school counselor or other professional for: (Circle answer.)

Academic difficulties	Yes	No
Emotional issues	Yes	No
Social challenges	Yes	No
Behavioral difficulties	Yes	No

Has the student demonstrated any of the behaviors or challenges listed below? (Check yes or no.)	Yes	No
1. Slow learning of the letter/sound correspondence		
2. Consistent errors in reading or spelling		
3. Difficulty remembering basic sight words		
4. Inability to retell a story in sequence		
5. Trouble learning to tell time or count money		
6. Confusion of math signs (+, -, x, /, =)		
7. Transposition of number sequences		

Has the student demonstrated any of the behaviors or challenges listed below?
(Check yes or no.)

Yes

No

8. Trouble memorizing math facts

9. Trouble with place value

10. Difficulty remembering the steps of mathematic operations

11. Poor coordination, awkwardness

12. Difficulty copying from chalkboard

13. Poor handwriting

14. Difficulty concentrating or focusing on a task

15. Difficulty finishing work on time

16. Inability to follow multiple directions

17. Unusual sloppiness

18. Poor concept of direction (left, right)

19. Rejection of new concepts or changes in routine

20. Difficulty understanding facial expressions or gestures

21. Difficulty understanding social situations

22. Tendency to misinterpret behavior of peers and/or adults

23. Apparent lack of "common sense"

If you checked "yes" on any of the above items, please explain, describe, or comment.

Thank you for taking the time
to provide Charlotte Jewish Day
School with the following evalua-
tion information.

Teacher's Name

Date

School

Address

Phone

Fax or Email this form to: 704-364-0443 / bfoxx@cjdschool.org

