



Addlestone Hebrew Academy Teacher Recommendation Form for Grades 1-8

Applicant's Name _____ Date of Birth _____

Teachers:

We sincerely appreciate your cooperation and candor as you provide us with the necessary information to make informed admissions decisions. Your comments will be used for admissions purposes only and will be kept in confidence. This form will be destroyed once the admissions process is complete. Please fax this completed form to Lori Gleaton, Director of Admissions, at 843-571-6116 or mail to Addlestone Hebrew Academy, 1639 Wallenberg Boulevard, Charleston, SC 29407. Thank you.

Teacher's Name (Please Print): _____

School: _____

School Address: _____

Phone Number: _____

Date: _____

QUESTIONS:

How long have you known the applicant?

Are the students in your school sectioned according to ability? If so, please indicate in which section the applicant is.

Describe the applicant's academic skills, including both strengths and weaknesses.

Describe the applicant's relationships with his/her peers.

Has the applicant ever been suspended from your school? If so, please provide details.

Please check the box that most appropriately describes the applicant in terms of the given traits:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort/Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express ideas orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express ideas in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to process auditory information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to process written information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to sustain attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Task completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tardiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hebrew language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judaic knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

.

Describe the parent's involvement in regards to his/her child's learning.

Please provide any additional information concerning the applicant about which the school should be aware.

Is there additional information that can be better conveyed in a phone conversation?

Yes No

Teacher's Signature: _____



Addlestone Hebrew Academy Teacher Recommendation Form for Students Applying to EC4 & Kindergarten

Child's Name _____ Date of Birth _____

Teachers:

We sincerely appreciate your cooperation and candor as you provide us with the necessary information to make informed admissions decisions. Your comments will be used for admissions purposes only and will be kept in confidence. This form will be destroyed once the admissions process is complete. Please fax this completed form to Lori Gleaton, Director of Admissions, at 843-571-6116 or mail to Addlestone Hebrew Academy, Attn: Lori Gleaton, 1639 Wallenberg Boulevard, Charleston, SC 29407. Thank you.

Please check the box that most appropriately describes the applicant in terms of the given traits:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
<u>Physical Development</u>				
Gross motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self help skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Social/Emotional Development</u>				
Cooperative play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to try new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to make transitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to focus on a task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Cognitive Development</u>				
Number skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alphabet skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Story recall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Language Development</u>				
Receptive language skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressive language skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of speech				

BEHAVIOR DEVELOPMENT

Describe any behavioral management strategies that are effective for this child.

GENERAL QUESTIONS

Describe the parent's involvement in regards to his/her child's learning.

Describe the most important accomplishment this child has made in your classroom.

Describe the areas most needing support or adult intervention.

Is there additional information that can be better conveyed in a phone conversation?

Yes No

Signature: _____

Name (Please Print): _____

School: _____

School Address: _____

Phone: _____