

**11810 Falls Road
Potomac, MD 20854**



**Phone (301)279-7505
Fax (301)354-3200**

Dear Teacher or School Director:

One of your students has applied to the Washington Hebrew Congregation Primary School for the 2008-2009 school year. We appreciate your cooperation in completing this **Confidential Student Recommendation Form for Primary students.**

This form provides us with a way of getting to know the child and is reviewed with the full awareness that young children are constantly changing and developing.

You may place your checkmark anywhere within the rows to show gradations within each category.

Please complete this form and return it to our school at the address above by Friday, January 4, 2008.

Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Phyllis Shankman".

Phyllis Shankman
Director, Early Childhood and Primary Education

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Potomac, MD 20854**



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Confidential Student Recommendation Form

Name of applicant _____ Applicant's birth date _____
Present School _____ Current Grade _____

How long have you known the applicant? ____years ____months

In what capacity have you worked with the applicant? _____

We appreciate your cooperation in completing this form which provides us with the benefit of your observations of and experience with the applicant. This form will be used with the understanding that your observations are limited to the school setting, and will aid us in our full consideration of the applicant.

You may place your checkmark within any column to the right or left to show gradation within each category.

SOCIAL DEVELOPMENT	USUALLY	SOMETIMES	SELDOM	COMMENTS
Can be a friend				
Is supportive of peers				
Is comfortable with adults				
Plays alone happily				
Cooperates in play				
Shares well				
Initiates play activities				
Is imaginative				
Has the capacity to lead				
Has the capacity to follow				
PRE-ACADEMIC SKILL DEVELOPMENT	USUALLY	SOMETIMES	SELDOM	
Is attentive				
Listens in a group				
Contributes to group discussions				
Follows directions				
Works well independently				
Works cooperatively				
Completes tasks				
Demonstrates ability to focus on one task				
Respects classroom routines				
Moves easily from one activity to another				
Responds positively to constructive criticism				
Is curious				
Is willing to try new activities				
Is a self-starter				
Enjoys new challenges				
Exhibits problem solving abilities				
Expresses ideas well				
PHYSICAL DEVELOPMENT	OUTSTANDING	AGE - APPROPRIATE	NEEDS DEVELOPMENT	COMMENTS
Small muscle control and coordination				
Large muscle control and coordination				
Speech development (articulation)				
General health and physical development				

Please answer the following questions to the best of your knowledge.

Describe the applicant's activity level.

Describe the applicant's current abilities:

Reading -

Math -

Does the applicant have any special needs, including auditory and/or visual development?

What can you tell us about this child's personality or learning style that will help us meet his or her needs?

Please provide additional comments as desired.

Signature of Teacher

Date

Print name

Signature of Director

Date

Print name

Name of School

Telephone Number

School Address

Please return this form to our school by Friday, January 4, 2008. Thank you.