



## CONFIDENTIAL TEACHER RECOMMENDATION FORM (APPLYING TO GAN, MECHINAH & 1<sup>ST</sup> GRADE)

**Parent:** Please complete this top portion and submit to your child's current teacher with the return envelope.

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current School \_\_\_\_\_ Grade Applying \_\_\_\_\_

I permit a representative of Barkai Yeshivah's Early Childhood Program to observe my child in his/her current school setting.

Parent Signature \_\_\_\_\_



**Teacher:** All information will be held in the strictest of confidence and used solely for admission purposes. **Please complete this form, place in the return envelope, sign the seal and mail directly to: Barkai Yeshivah Admissions, 5302 21<sup>st</sup> Avenue, Brooklyn, NY 11204.** Thank you for your time and effort, and the insight your comments will provide.

### Speech & Language Skills

(Please address: articulation, listening, comprehending, expressive & receptive language)

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### Fine/Gross Motor Development

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### Cognitive Ability

(Concepts including: counting, letter recognition, problem solving, making inferences, ability to absorb new information, approach to new tasks)

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**Social/Emotional Development**

(Please address: peer relationships, ability to transition, ability to regulate emotions, acceptance of boundaries and limits)

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Please describe the child's particular strengths.

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Please describe areas in need of further development.

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Parent Participation/Support

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Please circle the words that best describe this student:

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|------------|--------------|--------------|--------------------|
| Anxious    | Social       | Manipulative | Perfectionist      |
| Articulate | Creative     | Insecure     | Smart              |
| Leader     | Hyperactive  | Energetic    | Oppositional       |
| Isolated   | Disorganized | Confident    | Irritable          |
| Aggressive | Shy          | Sensitive    | Easily Discouraged |
| Happy      | Independent  | Distracting  | Rambunctious       |
| Moody      | Well-Liked   | Follower     | Confident          |

Additional Information (Please let us know anything else you feel we should know about this student)

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Teacher \_\_\_\_\_ Telephone # \_\_\_\_\_

Class Hours \_\_\_\_\_ Class Size \_\_\_\_\_ Date \_\_\_\_\_