



## Current Preschool Teacher Recommendation

**To Parents:** Please print your child's name and give this form to your child's current teacher who will complete it and return it directly to the Admissions Office.

Child's name: \_\_\_\_\_ Applying for Kindergarten in Fall 20\_\_\_\_\_

*Our signatures below indicate that we understand that this confidential recommendation is a required and important part of our child's admission application and we will not have access to it.*

Parent/Guardian 1 Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2 Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To the Teacher:**

Please complete this form and return it to the admissions office. Please retain a copy of your complete recommendation for your files. The completed form may either be mailed in the stamped envelope provided by the student's parents or emailed to [admissions@sdja.com](mailto:admissions@sdja.com). This recommendation will remain confidential and will not become part of the student's permanent record. We sincerely appreciate your cooperation.

**AA - AGE APPROPRIATE**

**I - IMMATURE**

**C - AREA OF CONCERN**

**SOCIAL AND EMOTIONAL DEVELOPMENT**

(Please check where appropriate)

	AA	I	C	COMMENTS
Relates positively to adults				
Relates positively to children				
Works and plays cooperatively				
Is attentive/participates in group				
Listens and follows directions				
Completes tasks				
Is self-sufficient				
Respects property and materials				
Tolerates change				
Accepts responsibility				
Displays self-confidence				

**COGNITIVE SKILLS**

(Please check where appropriate)

	CHECK	COMMENTS
Recognizes numbers (1-10)		
Counts objects (1:1 correspondence through 10)		
Demonstrates good thinking skills		
Recognizes letter names of alphabet		
Auditory discrimination of symbols with sound		
Visual discrimination of symbols		
Uses phonics		
Uses sight vocabulary		
Understands spatial relationships (above, below, beside, inside)		
Comprehends relative values (heavy-light, far-near)		
Recognizes colors		
Recognizes basic shapes (circle, square, triangle, rectangle)		
Knows personal data (name, age, birthday, etc.)		

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**ADDITIONAL CHARACTERISTICS** (Please check where appropriate)

	AA	I	C	COMMENTS
Hand dominance (right/left)				
Eye-hand coordination				
Gross-motor coordination				
Fine-motor coordination				
Clarity of speech				
Oral language development				

Has this child had any school adjustment problems that might reoccur in the transition to a new school environment?

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Does this child have any particular problems at home that would interfere with his/her adjustment socially, emotionally or academically to a new school?

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Is there any information about this child that will help us to ease the transition?

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Based on your professional opinion, is this student ready for kindergarten?  Yes  No If no, what concerns do you have?

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Is there any additional information that can be better conveyed in a phone conversation?  Yes  No

Hours you are available: \_\_\_\_\_ to \_\_\_\_\_ AM/PM Phone: (\_\_\_\_) \_\_\_\_\_

Teacher's name: \_\_\_\_\_ Email address: \_\_\_\_\_

School: \_\_\_\_\_ School Phone: \_\_\_\_\_

School address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send this recommendation via mail, fax or email to:**

**San Diego Jewish Academy  
Admissions Office**

**11860 Carmel Creek Road, San Diego, CA 92130  
Phone (858) 704-3716 ♦ Fax (858) 704-3850**



## Current Preschool Director Recommendation

**To Parents:** Please print child's name and give this form to your child's current Preschool Director who will complete it and return it directly to the Admissions Office.

Child's name: \_\_\_\_\_ Applying for Kindergarten \_\_\_\_\_ in Fall 20\_\_\_\_\_

*Our signatures below indicate that we understand that this is confidential recommendation is a required and important part of our child's admission application and we will not have access to it.*

Parent/Guardian 1 Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2 Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To the Preschool Director:**

Please complete both sides of this form so we can evaluate this applicant effectively. Your observations assessing both academic and personal qualities of a student will assist us in our evaluation of this applicant. Please retain a copy of your complete recommendation for your files. The completed form may either be mailed in the stamped envelope provided by the student's parents or emailed to [admissions@sdja.com](mailto:admissions@sdja.com). This recommendation will remain confidential and will not become part of the student's permanent record. We sincerely appreciate your cooperation.

### Applicant Information

(Please check where appropriate)

**AA - AGE APPROPRIATE**

**I - IMMATURE**

**C - AREA OF CONCERN**

	AA	I	C	COMMENTS
Academic achievement				
Conduct				
Integrity				
Consideration of others				
Social adjustment with peers				
Stability				
Attendance				

### Family Information

		Poor	Fair	Average	Good	Excellent	One of the Best Ever
No Opportunity to Observe	Communication with school						
	Attendance at school functions						
	Cooperation with school rules						
	Cooperation with faculty/administration						
	Fulfillment of financial responsibilities						
	Participation in school community						
	Participation in child's education						

How long have you known this student and in what capacity?

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(Please use additional paper, if necessary)

Has this student ever been subject to any disciplinary action while attending your school? If yes, please explain:

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Please share with us your observation about this student's academic ability, work habits, relationships with peers, classroom behavior, attitude and emotional maturity:

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Please comment on the parents' expectations for their child. Please explain the way in which the family supports the policies of your school:

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<i>I recommend this student:</i>	Not at All	With Reservation	Mildly	With Confidence	Enthusiastically
Academic ability and promise					
Character and personal promise					
Integrity					
Overall					

Please make any additional comments on this student:

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Is there any additional information that can be better conveyed in a phone conversation?  Yes  No

Hours you are available: \_\_\_\_\_ to \_\_\_\_\_ AM/PM Phone: (\_\_\_\_) \_\_\_\_\_

Administrator's name: \_\_\_\_\_ Email address: \_\_\_\_\_

School: \_\_\_\_\_ School Phone: \_\_\_\_\_

School address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send this recommendation via mail, fax or email to:**

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