



PARENT: Please fill in the following information and submit the form to your child's current school.

Name of Child: _____ Child's Birthdate: _____

Current School: _____ School Telephone #: _____

Parent/Guardian Signature: _____

TEACHER: The above-named student has registered in our school, and we ask your assistance by completing the following information. Please indicate below and on the next page the traits that best describe the student, and send, email or fax the completed form to Lubavitch Educational Center at the address on the next page. Please note that the information may be shared with the student's parents, as deemed necessary.

	Age Appropriate	Possible Area of Concern
Capacity to follow directions		
Ability to work independently		
Cooperation in the classroom		
Respect for classroom materials		
Ability to listen in a Large group		
Ability to transition between tasks		
Small muscle control		
Large muscle control		
Respect for classmates		
Communications skills		



Please circle the words that best describe this student:

Fearful	Anxious	Articulate	Happy	Disobedient
Perfectionist	Motivated	Moody	Manipulative	Aggressive
Disorganized	Shy	Influential	Social	Confident
Follower	Responsible	Well-Liked	Distractible	Easily Discouraged
Distracting	Irritable	Energetic	Leader	Rambunctious

Five/Six Year Olds Only: Approximately how many *aleph beis* letters does the child recognize out of sequence: Circle one:

none 0-5 6-15 16-20 21-30 All

Is there anything else you feel we should know about the child?

Name of Teacher: _____
(Please print)

Name of School: _____

School Phone #: _____

Signature: _____ Date: _____

Please send the completed form to:
Lubavitch Educational Center/Preschool Division
17330 Northwest 7th Avenue
Miami, FL 33169
Fax: 305-653-6790
Email: ew@lecfl.com