

TEACHER RECOMMENDATION FORM FOR STUDENTS ENTERING LEC

Parent: Please submit this form to your child's current school.

Name of Child: _____ Grade Entering: _____

Teacher: Thank you for taking the time to complete this recommendation form and return it to us.

For students entering preschool, please complete SECTIONS A and C.

For students entering Pre1A-1st grade and all Elementary grades, please complete SECTIONS B and C.

SECTION A		
FUNDAMENTAL SKILLS		
	Place a check (✓) in the box that best applies to the student	
	Age appropriate	Possible area of concern
Capable of following directions		
Able to work independently		
Cooperative in classroom		
Respectful of classroom materials		
Able to listen in a large group		
Able to make transition between tasks		
Possesses comprehension skills		
Able to process information		
Capable of small muscle control		
Capable of large muscle control		
Respectful of classmates		
Possesses communication skills		

SECTION B				
ACADEMIC BEHAVIOR				
		Always	Usually	Occasionally
1.	Follows verbal and written directions			
2.	Completes class work satisfactorily			
3.	Completes homework satisfactorily			
4.	Works at or above grade level			
5.	Works independently			
6.	Works to potential			
7.	Sustains satisfactory attention during classroom instruction			
FOR STUDENTS ENTERING 1st GRADE ONLY:				
8.	Recognizes all letters of the Hebrew alphabet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is able to blend the <i>nikudos</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Recognizes all the <i>nikudos</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can read 3-syllable words.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9.	FOR STUDENTS ENTERING PRE-1A ONLY:					
	Approximately how many <i>aleph beis</i> letters does the child recognize out of sequence? Circle one:					
	None	0-5	6-15	16-20	21-30	All

SOCIAL BEHAVIOR				
		Always	Usually	Occasionally
1.	Demonstrates self-control			
2.	Is respectful and courteous			
3.	Is able to process information			
4.	Follows group norms and social rules			
5.	Possesses communication skills			
6.	Uses appropriate language with peers/adults			
7.	Is skillful at making new friends			
8.	Behaves positively with peers/classmates			

SECTION C

GENERAL BEHAVIOR

1.	Does student have any outstanding abilities or deficiencies not covered by the above categories?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please explain:

2.	Does student have any significant physical, emotional or social limitations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please explain:

3.	Place a check (✓) in the box next to any special programs that were recommended for the student.
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<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Learning Disabled	<input type="checkbox"/> Gifted	<input type="checkbox"/> Impaired Vision	<input type="checkbox"/> Speech	<input type="checkbox"/> Counseling	<input type="checkbox"/> Hearing
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Did student ever participate in the recommended program(s)? Yes No

If yes, please explain:

4.	Did student ever undergo a psycho-educational evaluation?						<input type="checkbox"/> Yes <input type="checkbox"/> No			
5.	How do you consider the child's parents?		<input type="checkbox"/> Co-operative <input type="checkbox"/> Uncooperative		<input type="checkbox"/> Interested <input type="checkbox"/> Disinterested		<input type="checkbox"/> Respectful <input type="checkbox"/> Disrespectful			
6.	Place a check (✓) in the box next to the words that best describe the student.									
	<input type="checkbox"/>	fearful	<input type="checkbox"/>	anxious	<input type="checkbox"/>	articulate	<input type="checkbox"/>	happy	<input type="checkbox"/>	disobedient
	<input type="checkbox"/>	perfectionist	<input type="checkbox"/>	motivated	<input type="checkbox"/>	moody	<input type="checkbox"/>	manipulative	<input type="checkbox"/>	aggressive
	<input type="checkbox"/>	disorganized	<input type="checkbox"/>	shy	<input type="checkbox"/>	influential	<input type="checkbox"/>	social	<input type="checkbox"/>	confident
	<input type="checkbox"/>	follower	<input type="checkbox"/>	responsible	<input type="checkbox"/>	well-liked	<input type="checkbox"/>	distractible	<input type="checkbox"/>	easily discouraged
	<input type="checkbox"/>	distracting	<input type="checkbox"/>	irritable	<input type="checkbox"/>	energetic	<input type="checkbox"/>	leader	<input type="checkbox"/>	rambunctious

Name of Teacher:	
School Name and Address:	
School Telephone #:	
Signature:	
Date:	

Please fax, mail or email the completed recommendation form to any of the addresses indicated below. All information will remain strictly confidential.

Specify Dept.
PRE1A / 1ST GRADE
Fax to:
 ATTN: Mrs. Tzivi Schurder
 Fax #: (305) 653-6790
Or Mail to:
 Lubavitch Educational Center
 ATTN: Mrs. Tzivi Schurder
 17330 Northwest 7th Avenue
 Miami, FL 33169
Or Email to:
 tschurder@lecfl.com