

Robert M. Beren Academy

Confidential Teacher Recommendation

This recommendation will be used only for Admissions purposes, held in strictest confidence and will not become part of the student's permanent record file.

Submit to current teacher or Head of School

Please type or print student's name and give this form to your child's current teacher or Head of School.

Student's name: _____ Birth date: _____

Robert M. Beren Academy is a Nursery-12th Grade Jewish Day School. We would appreciate your providing us with an evaluation of the student named above. Please contact us if you have any questions. Thank you for returning this form promptly.

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 students				
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 (for students entering 1st grade and younger)

(Please check where appropriate)

	AA	I	C	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.)				

Current School Recommendation (for all ages)

Please describe this student's ability with regards to the subject of mathematics. (Consider ability to retain mathematical relationships and principals, drawing generalizations, applying basic principles in word problems, and relying on memory versus conceptual processes.):

Please describe this student's ability with regards to the subject of language arts (Consider writing skills, reading comprehension, oral communication and oral reading.):

Please comment on this student's study habits (Consider initiative, drive, ability to organize, etc.):

Please comment on this student as a person (Consider maturity, integrity, behavior, respect for others, self-discipline, individuality, sense of community service, etc.):

Other comments and remarks: (Are there any traits, good or bad, not mentioned above that are worthy of noting?):

ADDITIONAL CHARACTERISTICS

(Please check where appropriate)

	AA	I	C	Comments
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?

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

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

Does the family follow school rules and protocol?

Has the family been responsive to any concerns raised by the school?

Based on your professional opinion is this student ready to transition to the next grade?
 Yes No. If no, what concerns do you have?

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: _____ School name: _____

address: _____ City: _____ State: _____

Zip: _____ Signature: _____ Date: _____

Please return this completed and signed form to:

**Robert M. Beren Academy Director of Admissions, Samantha Steinberg
11333 Cliffwood Drive, Houston TX 77035 713-723-7170 x 224 Fax: 713-723-8343**