



Atlanta Jewish Academy

CONFIDENTIAL SCHOOL EVALUATION FOR APPLICANTS FROM GRADES 1-8

Please complete the authorization portion of this form and have your child's current teacher complete the evaluation portion below and return it to Atlanta Jewish Academy.

STUDENT'S NAME: _____

STUDENT'S BIRTH DATE: (Month/Day/Year) ____/____/____ CURRENT GRADE: _____

APPLYING TO GRADE: _____ for school year 20____

In accordance with Federal regulations regarding the privacy rights of parents and students under the 1974 Family Educational and Privacy Act, I the undersigned, hereby consent to the release to Atlanta Jewish Academy (AJA) of all educational records regarding the above-named individual who is applying to Atlanta Jewish Academy. This includes recommendations, permission for site visits and such other information as may be required. I understand that all information provided becomes the confidential property of AJA and is **not subject to parental review**.

DATE: _____ Parent's name (please print): _____

Parent's Signature: _____

Current Teacher Evaluation of Applicant

Thank you for taking the time to provide Atlanta Jewish Academy with the following evaluation information. Your assessment of the Applicant helps us determine how to best meet his/her educational needs. Please make sure the information you provide is complete and accurate. Incomplete and/or incorrect information may result in a delay or denial of admission. If necessary, we may contact you to obtain more information about the Applicant's educational needs.

Teacher or administrator, please check the areas listed below with the appropriate number going from 1 (the lowest / inadequate) to 5 (the highest / outstanding). Comment where necessary, particularly with ratings of 1 or 2.

CATEGORY	1	2	3	4	5	N/A	COMMENTS
Ability to concentrate							
Self-control of physical/verbal activity							
Ability to adapt to change in daily schedule							
Ability to make transitions from activity to activity							
Demonstrates an even temperament							
Demonstrates organizational skills							
Demonstrates self-motivation							
Demonstrates positive peer relationships							

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Teacher or administrator, please check the areas listed below with the appropriate number going from 1 (the lowest / inadequate) to 5 (the highest / outstanding). Comment where necessary, particularly with ratings of 1 or 2.

CATEGORY	1	2	3	4	5	N/A
Ability to work independently						
Ability to work in a group						
Ability to cope with competitive situations						
Ability to cope with a dual curriculum						
Nature of student's relationship with teachers/authority						
Ability to read Hebrew print and cursive						
Ability to write Hebrew cursive						
Behaves appropriately						

I. AUDITORY	Yes	No	No Basis for Opinion
Acuity			
Processing			
Discrimination			
II. SPOKEN LANGUAGE	Yes	No	No Basis for Opinion
Articulation			
Oral Expression			
III. VISUAL SKILLS	Yes	No	No Basis for Opinion
Acuity			
Perception			
Discrimination			

Any other comments? (Attach a separate sheet of paper.)

Please elaborate on any areas in which you indicated concern about the applicant's abilities.

COMMENTS: _____

I have known this child for _____ years and _____ months.

My relationship has been that of _____

NAME/TITLE: _____ DATE: _____

SCHOOL: _____ PHONE: _____

ADDRESS: _____