

JERUSALEM AMERICAN INTERNATIONAL SCHOOL

Confidential Teacher Recommendation/ Reference (Preschool/KG)

Applicant's name: _____ Current Grade: _____

Current School: _____ School Website: _____

Parent grants release of information (Parent signature): _____

To the teacher:

This applicant has applied for admission to the Jerusalem American International School. Thank you for taking the time and consideration to complete this form. Please return the completed form directly to the Admission Office by email (principal@jerusalemais.org), by fax (+972-2-648-3423) or return to parent in an enclosed envelope with a school seal.

Information from teachers is extremely valuable to the Admissions department in determining if the Jerusalem American International School is an appropriate setting for a student. Based on your professional opinion, please complete this form and return to us at your earliest convenience. Your response will remain confidential.

Name of teacher completing this form _____ Email Address _____

Month your school year begins: _____ Ends: _____

What words come to mind when describing the applicant?

Describe the student's major strengths and challenges:

Please indicate on the continuum below the student's English-Language ability.

Please check here if you are not qualified to judge []

Has limited ability speaking and /or
understanding English

Speaks in simple sentences;
understands
basic instructions

Demonstrates age appropriate ability in
speaking and understanding English

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Have there been any disciplinary, emotional, or other concerns that you know of regarding this student? Please elaborate:

Please evaluate the applicant in relation to his/her fellow students by placing an X in the appropriate column:

| | Below Average | Average | Good | Superior | No opportunity to observe |
|-------------------------------|---------------|---------|------|----------|---------------------------|
| Academic qualities | | | | | |
| Learning potential | | | | | |
| Academic achievement | | | | | |
| Curiosity | | | | | |
| Follows Directions | | | | | |
| Ability to work independently | | | | | |
| Ability to communicate ideas | | | | | |
| Critical thinking skills | | | | | |
| Class participation | | | | | |
| Language development | | | | | |
| Reading performance | | | | | |
| Fine motor development | | | | | |
| Overall Assessment | | | | | |

| | Below Average | Average | Good | Superior | No opportunity to observe |
|--|---------------|---------|------|----------|---------------------------|
| Personal qualities | | | | | |
| Flexibility/ adaptability to new situation | | | | | |
| Accepts/ responds to teacher direction | | | | | |
| Demonstrates self-control | | | | | |
| Self-confidence | | | | | |
| Concern for others | | | | | |
| Maturity | | | | | |
| Shares with others and waits turns | | | | | |
| Attentive/ focused | | | | | |
| Willingness to participate in a group | | | | | |
| Relationship with peers | | | | | |
| Relationship with adults | | | | | |
| Overall Assessment | | | | | |

Comment on any of the above:

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Has this student been given a psycho-educational evaluation and is he or she receiving any special education services and/or tutoring support? Please elaborate.

Please comment on parent involvement and support. Do the parents work in partnership with the school?

Teacher Signature: _____ Date: _____