Building a Jewish Future...

... One Student at a Time

Parental Input Form

We value the knowledge and understanding you have of your child.

Please answer the following questions. Feel free to use any additional paper if necessary.

Applicant's Name: _____

Parent(s) Name(s): _____

1. Please comment on your child's current experience in school, socially and academically.

2. Please describe your child's social relationships, ease of separation, level of independence, relationships with adults and adjustments to new situations.

3. What are your child's interests and favorite activities?

4. What do you perceive your child's strengths and weaknesses to be?

5. Are there any special circumstances in your child's medical history, physical growth, family life or emotional development that would be helpful for us to know?

6. Please tell us of any diagnostic testing or evaluations your child has had (medical, educational or psychological). Please attach any IEPs or 504s.

7. What role do religious observances such as Shabbat, holidays, and kashrut play in the life of your child and family?

8. If your child is applying for 1st-8th Grade, please comment on the reason for changing schools at this time.

9. Is there anything else you would like us to know about your child?