

Building a Jewish Future...



... One Student at a Time

## Teacher Recommendation Form

This form should be mailed by the child's current teacher directly to The Brandeis School, 25 Frost Lane, Lawrence, NY 11559.

To Parents/Guardians: Please fill in your child's name and give to your child's current teacher. By giving the form to the teacher and signing your name, you give permission to the teacher to complete and send this form to The Brandeis School.

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Teacher:

The student named above has applied for admission to The Brandeis School. In order to complete a comprehensive evaluation of the child's learning style, we need your input. Please respond to the following questions and return this form as soon as possible. In advance, let me thank you for your time and effort and the insight that your comments will provide. Your candid comments will be held in the strictest confidence, used only for admission purposes, and will not become part of the student's permanent records. If you have any questions please call The Brandeis School at (516) 371-4747 x300.

**Please return this completed form to:  
The Brandeis School**

25 Frost Lane, Lawrence, NY 11559  
p.516.371.4747 | f.516.371.1572  
tdahari@thebrandeisschool.org

1. In your opinion, what are the strengths this child demonstrates? Include areas such as academics, peer interaction and relationships with adults.

2. In what areas would you like to see this child improve?

3. What classroom interventions have been used with this child to deal with any issues that have come up in the classroom?

4. Please describe this child's work habits. Does he/she work independently and use materials appropriately?

5. Has this child received any special services while in your school (speech or language therapy, resource room, counseling, physical therapy)? Does this child have an IEP?

6. We would appreciate any additional comments and observations concerning the strength, weakness, health, or any special needs or concerns of this student and family. We welcome any other information which you think may be helpful. You may use a separate piece of paper for further comments to any one of these questions.

**Teacher's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_