



Atlanta Jewish Academy

CONFIDENTIAL SCHOOL EVALUATION FOR APPLICANTS TO 3-YEAR-OLD PROGRAM, PRE-KINDERGARTEN AND KINDERGARTEN

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.

SOCIAL DEVELOPMENT	USUALLY	SOMETIMES	SELDOM
Is supportive of others			
Is comfortable with adults			
Plays alone happily			
Cooperates in play			
Shares well			
Initiates play activities			
Is imaginative			
Has the capacity to lead			
Has the capacity to follow			
Uses materials purposefully			
Exhibits appropriate sense of humor			
Behaves appropriately: - in class - at play times - in lunchroom	_____ _____ _____	_____ _____ _____	_____ _____ _____

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SKILLS DEVELOPMENT	USUALLY	SOMETIMES	SELDOM
Is attentive			
Listens in a group			
Contributes to group discussions			
Follows directions			
Works cooperatively			
Completes tasks			
Demonstrates ability to focus on one task			
Respects classroom routines			
Moves easily from one activity to another			
Responds appropriately to constructive criticism			
Is curious			
Is willing to try new activities			
Is a self starter			
Enjoys new challenges			
Exhibits problem solving abilities			
Expresses ideas well			
PHYSICAL DEVELOPMENT	OUTSTANDING	AGE APPROPRIATE	NEEDS DEVELOPMENT
Small muscle control & coordination			
Large muscle control & coordination			
Speech development (Articulation)			

COMMENTS: _____

Please describe parental involvement _____

Has the student been referred to a school counselor or other professional for:

Academic problems?	Yes	No	Social problems?	Yes	No
Emotional problems?	Yes	No	Behavioral problems?	Yes	No

If the answer to any of the above is YES, please give details (attach separate sheet if necessary):

TEACHER'S NAME: _____ DATE: _____

SCHOOL: _____ PHONE: _____

ADDRESS: _____