



SHALOM SCHOOL . בית ספר שלום

2320 SIERRA BOULEVARD • SACRAMENTO, CA 95825
916-485-4151 • FAX: 916-485-3970
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TEACHER RECOMMENDATION FOR TRANSFERRING STUDENTS

(Parent: Please sign the *Permission to Release Information* at the end of this form.)

Student Name _____ Date _____

Parent/Guardian Name(s) _____

Current Grade _____

To the Parent:

Please type or print the above information and give this form to your child's current teacher with a stamped envelope addressed to:

Shalom School
2320 Sierra Boulevard
Sacramento, CA 95825

Before giving this form to your child's current teacher, please sign the *Permission to Release Information* section at the end of this form.

To the Teacher:

Shalom School is committed to a strong academic curriculum in both General and Judaic Studies. With this in mind, please complete the form below. Please send your completed form directly to the school. This recommendation will remain confidential.

Teacher's Name: (print) _____ Position/Grade _____

Name of School: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone _____ Date _____

When did you teach this applicant? From _____ to _____

Grade/Subjects? _____

ACADEMIC

	<i>Outstanding</i>	<i>Satisfactory</i>	<i>Needs Improvement</i>
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language arts skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL

	<i>Outstanding</i>	<i>Satisfactory</i>	<i>Needs Improvement</i>
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the student's social relationships. _____

Describe the student's abilities to listen, focus, and follow directions. _____

Please describe the student's strengths, weaknesses and any special needs. _____

Please describe the parent's involvement in the student's education. _____

Please describe the parent's relationship with the school administration, teachers, and staff. _____

Is there any additional information that can be better communicated by a phone conversation?

Yes No

If yes, please include phone number and best times to call:

Thank you for your attention to this request.

Signature _____ School _____

Permission to Release Information

(Parents: Please sign this form **prior to** submitting to your child's current teacher)

I give permission for (Teacher) _____ to release above

information for (Student) _____

to **Shalom School, 2320 Sierra Boulevard, Sacramento, CA 95825.**

Parent/Guardian(s) Signature _____ Date _____