



## Entering K-8th Grade Parent Recommendation

**Student's Name:** \_\_\_\_\_ **Applying for Grade:** \_\_\_\_\_ **in Fall 20** \_\_\_\_\_

**Parent's Name (print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Name (print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parents-** Your signatures above indicate that you understand this confidential recommendation is required and is an important part of your child's admission application.

Please complete this recommendation of your child to the best of your knowledge, based on your understanding of what is appropriate for their age and grade level. **Once completed, please submit via email to Beth Licha, Director of Enrollment, at [blicha@ssdhds.org](mailto:blicha@ssdhds.org), or via postal mail to 3630 Afton Road, San Diego, CA 92123.** We appreciate your cooperation and candor.

### Academic Skills

	Not Yet Confident	Somewhat Confident	Very Confident
Mathematics			
English Reading			
English Writing			
English Speaking			
Hebrew Reading			
Hebrew Writing			
Hebrew Speaking			
Tefillah (Prayer)			
Chumash (Textual Skills)			
Jewish Knowledge (ie- Holidays, Weekly Parsha, etc...)			

### Personal Skills

	Could Use Improvement				Area of Strength
	1	2	3	4	
Attention Span					
Concern for Others					
Self-Confidence					
Reaction to Criticism and Setbacks					
Social Relationships with Peers					
Motivation to Achieve at School					
Ability to Collaborate and Compromise					
Study Skills					
Organizational Skills					
Emotional Self-Regulation					
General Level of Maturity					
Sense of Humor					