

**YOUR CHILD DESERVES THE BEST OF BOTH WORLDS**



# Solomon Schechter

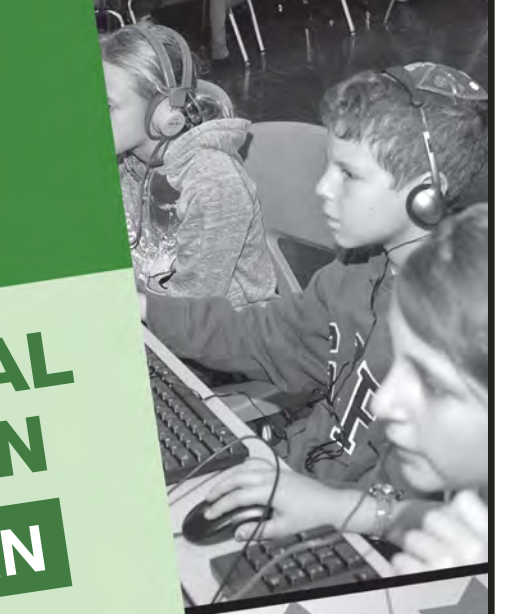
Day School of Nassau County

**CONFIDENTIAL  
INFORMATION**

**KINDERGARTEN**



A member of the  
**Schechter**  
DAY SCHOOL NETWORK  
Engage the World



We give permission for you to release the information on this form to Solomon Schechter Day School of Nassau County and understand that we will not have access to this confidential information.

Parent/Guardian 1 Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2 Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

### To the Evaluator:

Please complete both sides of this form and send to Solomon Schechter Day School of Nassau County in the attached self-addressed envelope. Your comments will be held in strictest confidence. Thank you very much for your cooperation and assistance.

How long have you known this student? \_\_\_\_\_

### Personal Qualities:

Please evaluate the applicant in terms of the following characteristics by checking the most appropriate box: (1=Low, 5=High)

#### Social/Emotional Development

	1	2	3	4	5
Cooperates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates play activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is imaginative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has potential to lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the capacity to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses materials purposefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is curious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is comfortable with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds positively to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on social/emotional development: \_\_\_\_\_

#### Physical Development

Small muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech development (articulation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stamina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pencil grip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on physical development: \_\_\_\_\_

#### Pre-Academic Skill Development

Is attentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributes to discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can focus on one task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects classroom routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moves easily from one task to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses thoughts well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on pre-academic development: \_\_\_\_\_

**Please comment on each of the following regarding this child.**

What words come quickly to mind when you describe this child?

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Interacts with other children, is cooperative, respects the rights of others, is willing to share, takes responsibility for own actions.

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To your knowledge, are the parents in agreement with your view of the student?  Yes  No  Don't Know

How would you describe this student's expressive and receptive language skills?

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Comments or other information you believe might be helpful (other specific strengths and weaknesses)

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May we contact you for further information?  Yes  No

Your Name: \_\_\_\_\_

Position: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ Email : \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for taking the time to complete this evaluation. If you have any questions or wish to speak with me, please contact me at 516.935.1441, ext. 1115 or [tkaplowitz@ssdsnassau.org](mailto:tkaplowitz@ssdsnassau.org).

**Please mail this form directly to:**

Rabbi Tracy Kaplowitz, Director of Admissions and Community Engagement  
Solomon Schechter Day School of Nassau County  
Solomon Schechter High School of Long Island  
Barbara Lane, Jericho, NY 11753  
Phone: 516.935.1441, Ext. 1115 · Fax: 516.935.8280  
[www.ssdsnassau.org](http://www.ssdsnassau.org)



# Solomon Schechter

## Day School of Nassau County

**PROVIDING  
A JEWISH AND  
SECULAR  
EDUCATION OF  
EXCELLENCE  
FOR OVER  
40 YEARS**

Lower School Campus (Elementary School):

Barbara Lane, Jericho, New York 11753 ▶ 516.935.1441 ▶ [admissions@ssdsnassau.org](mailto:admissions@ssdsnassau.org) ▶ [www.ssdsnassau.org](http://www.ssdsnassau.org)

Upper School Campus (Middle and High School):

6 Cross Street, Williston Park, New York 11596 ▶ 516.539.3700 ▶ [admissions@ssdsnassau.org](mailto:admissions@ssdsnassau.org) ▶ [www.ssdsnassau.org](http://www.ssdsnassau.org)

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