

YOUR CHILD DESERVES THE BEST OF BOTH WORLDS



Solomon Schechter

Day School of Nassau County

MIDDLE SCHOOL PRINCIPAL'S EVALUATION

Grades 6-8



To The Principal:

_____ is applying for admission to Solomon Schechter Day School of Nassau County. In addition to the student's academic record, we are interested in your feedback on the student's progress and achievement. Any special information on the applicant is welcome. All information is considered as *confidential*, and therefore we ask that you return this form directly to the school. **Please attach a copy of the student's most recent transcript to this form.**

Name of Principal: _____

School: _____ Phone: _____

Please comment on the student's academic progress in Jewish studies.

Please comment on the student's academic progress in general studies.

What, if any, extra enrichment or remedial classes does the student presently receive? Do you anticipate a continued need for the same?

Please comment on the student's relationship with his/her teachers and peers.

Does student have an IEP? 504? or any other accommodation? (If yes, please forward the latest report with this evaluation).

Personal Qualities:

Please evaluate the applicant in terms of the following characteristics by checking the most appropriate box:

Characteristic	Outstanding	Excellent	Good	Average	Below Average
Intellectual Qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Growth Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (Please attach a separate sheet, if necessary).

Please contact me to discuss the applicant.

Signature

Date

Thank you for taking the time to evaluate the applicant. We appreciate your input.

Mail or Fax to:

Helen C. Mor, Director of Recruitment and Admissions
Solomon Schechter Day School of Nassau County
Solomon Schechter High School of Long Island
27 Cedar Swamp Road, Glen Cove, NY 11542
Phone: (516) 656-5500 Ext. 1228 · Fax: (516) 656-9822
www.ssdsnassau.org



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A JEWISH AND
SECULAR
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FOR OVER
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