

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



# Solomon Schechter

Day School of Nassau County

## MIDDLE SCHOOL TEACHER'S EVALUATION

Grades 6-8



**To The Teacher:**

\_\_\_\_\_ 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: \_\_\_\_\_

How long have you known the student and in what capacities?

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Please comment on the student's academic progress in your class.

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

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

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





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



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