

TORAH DAY SCHOOL OF ATLANTA

Authorization of release of Educational Records for applicants to First Grade

*To be filled out by parents:
Please print or type the authorization below.*

STUDENT'S NAME _____
last
first
middle

STUDENT'S BIRTH DATE _____ STUDENT'S CURRENT GRADE _____

APPLYING TO GRADE _____ for school year 20____

In accordance with federal regulations regarding the privacy rights of parents and students under the Family Educational and Privacy Act of 1974, the undersigned hereby consent to the release to the Atlanta Torah Day School of all educational records about the above-names individual who is applying to the Torah Day School including recommendations and such other information as may be requested.

Date _____

Parent's Name (Please type or Print)

Parent's Signature

CONFIDENTIAL SCHOOL REPORT FOR APPLICANTS TO KINDERGARTEN OR FIRST GRADE

Please have child's current teacher complete this form and return it to:
 Admissions ● Torah Day School ● 1985 LaVista Road ● Atlanta GA 30329

SOCIAL DEVELOPMENT	Usually	Sometimes	Seldom
Can be a friend			
Is supportive of peers			
Is comfortable with adults			
Plays alone happily			
Cooperates happily			
Cooperates in play			
Shares well			
Initiates play activities			
Is imaginative			
Has the capacity to lead			
Has the capacity to follow			
Uses materials purposefully			
Exhibits appropriate sense of humor			

SKILLS DEVELOPMENT	Usually	Sometimes	Seldom
Is attentive			
Listens in a group			
Contributes to group discussions			
Follows directions			
Works cooperatively			
Completes tasks			
Demonstrates ability to focus on one task			
Respects classroom routines			
Moves easily from one activity to another			
Responds positively to constructive criticism			
Is curious			
Is willing to try new activities			
Is a self starter			
Enjoys new challenges			
Exhibits problem solving abilities			
Expresses ideas well			

PHYSICAL DEVELOPMENT	Outstanding	Age Appropriate	Needs Development
Small muscle control and coordination			
Large muscle control and coordination			
Speech development (Articulation)			

COMMENTS:

Has the student been referred to a school counselor or other professional for:

Academic problems Yes No

Social problems Yes No

Emotional problems Yes No

Behavioral problems Yes No

If the answer to any of the above is yes, please give details.

TEACHER'S NAME _____ DATE _____

SCHOOL _____

ADDRESS _____

PHONE # _____