



Learning Specialist Recommendation Form

Applicant's Name _____ Candidate for Grade _____ Entrance Year _____

Learning Specialist's Name _____

School Name _____ Telephone () _____

In what areas (content or skills) have you provided this applicant with support?

Frequency and duration of support _____

What progress have you seen this applicant make within the past year?

	ABOVE GRADE LEVEL	AT GRADE LEVEL	BELOW GRADE LEVEL	I DON'T KNOW
Decoding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language Processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math Computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math Processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does this student need further support in developing skills as an independent learner? YES or NO
If yes, please explain, indicating the type and level of support you would recommend:

Is this student amenable to the support you provide? YES or NO

Is there anything else we should know about this applicant in order to meet his/her learning needs?

Learning Specialist's Signature _____ Date _____

Please return to:
Office of Admissions
Solomon Schechter School of Westchester
555 West Hartsdale Avenue
Hartsdale, NY 10530
(914) 948-7979 (fax)