



Dear Parents,

Thank you for your interest in Gesher Yehuda.

Enclosed, please find the application for admission, which you have requested. A non-refundable application fee of \$175.00 and two recent passport-type photos of your child must accompany the application. The application consists of two parts. The main portion of the application is to be completed by you and returned to the school office. The school reports, which are to be filled out by your child's present Hebrew teacher and English teacher, are to be returned directly to Gesher Yehuda.

All up-to-date evaluations and reports pertaining to your child, including psych-educational evaluations, neurological, psychiatric, speech and language, OT, PT, and any other evaluations, must be submitted to our offices. If you possess a Department of Education IEP, please submit that as well.

Upon receipt of your child's completed application forms, our office will contact you to proceed with the application process.

Looking forward to meeting you and your child personally in the near future, I remain,

Sincerely yours,

Deborah Katz
Director
Gesher Yehuda

Items to be enclosed by parent for application to be processed:

- Application for Admission
- \$175 non-refundable application
- Two recent passport-size photos
- Signed Release of Information and reports
- School report completed by present Hebrew teacher
- School report completed by present English teacher
- All up-to-date evaluations and reports (IEP etc.)



RELEASE OF INFORMATION

Date: _____

I hereby give permission to Gesher Yehuda and its representatives and consultants to release and obtain any and all confidential information pertaining to my child.

Child's Name: _____

Date of Birth: _____ Age: _____

Parent Signature: _____

School Report

Name of Applicant _____ Grade _____ Name of School _____
 Name of Teacher _____ Subject taught _____
 Phone number at school _____ Best time to call _____
 Phone number at home _____ Cell number _____ Best time to call _____

Class size: Number of students _____ Number of teachers _____ Number of assistants _____
 _____ Regular Class _____ Special Class _____ Resource Room _____ Personal Para or Shadow _____

Please answer this questionnaire based on your personal knowledge, observation and/or documentation available to you.

General Development

	<i>below average</i>	<i>average</i>	<i>above average</i>
Vision			
Hearing			
Speech/Language			
Coordination			
Mobility			

Social Development

Attendance Data

Days Absent this year to date _____ Days Late _____
 Was student suspended within the last two years? Yes _____ No _____ Date _____
 Reason _____

Is this student diagnosed with a specific mental health problem or medical disorder/syndrome that you are aware of? _____

Is this student given any medication in school? _____ Yes _____ No _____ If yes, Name of medication _____
 _____ Dosage and frequency _____

Behavior – Has the student exhibited any of the following behavior(s)?
 (Check all applicable areas)

- | | |
|---|---|
| _____ persistence at tasks
_____ fearfulness
_____ destruction of property
_____ frequent crying
_____ self-abusive behavior
_____ resistance to teachers' directives
_____ little or no contact with peers
_____ little responsiveness to classroom activity
_____ reluctance to attempt new tasks | _____ cooperative, helpful attitude to teachers
_____ cooperative and helpful attitude to peers
_____ distractibility, short attention span
_____ physical aggressiveness to teachers
_____ physical aggressiveness to peers
_____ verbal abusiveness to teachers
_____ verbal abusiveness to peers
_____ withdrawn behavior
_____ unable to sit during lessons |
|---|---|

How does this student's pattern of behavior compare with that of other students in the class or to age/grade peers?

Please describe student's behavior in detail, including positive and negative behavioral aspects: _____

How does the student respond to authority figures? _____

Is there anything about this student's interactions with his/her peers that is significant? _____

Is this student active socially? Does s/her have friends in the class? Are his/her social interactions age appropriate? _____

On a daily basis, how often is intervention necessary? _____

If the student is on medication, describe the changes you have seen in the classroom since the initiation of medication: _____

How would you characterize the child's capacity to initiate, plan, and carry through a task? _____

Does this student have a modified curriculum? _____ If so, in what subjects is s/he required to do less work? _____

Can this student work on a cooperative team? _____

How does the student respond to cognitive challenges? _____

Is this student's study habits/note-taking skills grade appropriate? _____

Does this child respond appropriately to changes/transitions? _____

Is the student aware of his/her strengths and weaknesses? _____

In what areas is this student especially competent? _____

Family Data

Describe any events in the student's home or school life that you feel we should be aware of: _____

Academic Development

Please indicate whether student is demonstrating excellence(E), satisfactory performance(S), or poor performance(P), in each of the areas below:

Work Performance:

- | | |
|--------------------------------------|---------------------------------|
| _____ working independently | _____ following oral directions |
| _____ performing consistently | _____ study skills |
| _____ abstract thinking | _____ completing assignments |
| _____ attending to group discussions | _____ responding to questions |
| _____ following written directions | _____ participating in class |
| _____ completing homework | |

Please indicate whether the student is demonstrating skills which are (A)above, (W)within, or (B)below grade level in each of the areas below:

Hebrew

- | | |
|--|---------------|
| _____ Aleph Bet & Nekuda recognition | _____ Chumash |
| _____ reading simple words | _____ Lashon |
| _____ reading fluently with exceptions to the rule | _____ Mishna |
| _____ praying fluently | _____ Gemara |

Reading

- _____ letter recognition
- _____ oral reading
- _____ reading comprehension
- _____ sight word memory
- _____ phonetic analysis
- _____ word attack skills

Mathematics

- _____ number recognition
- _____ numerical comprehension
- _____ number operations
- _____ place value
- _____ fractions
- _____ decimals

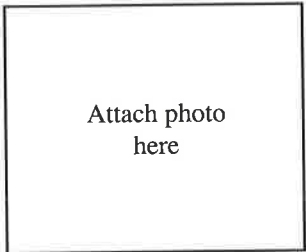
Is there any information that you feel would be helpful for us to know? Please elaborate _____

Date

Teacher Signature

You may FAX this report directly to our office at 718-714-9075.

49 Avenue T
Brooklyn, NY 11223
Tel: 718-714-7400
Fax: 718-714-9075
www.gesheryehuda.org



APPLICATION FOR ADMISSION

1. Applicant's Name: _____ Hebrew Name: _____
D.O.B.: _____ Age: _____ NYC ID#: _____ - _____ - _____ SS#: _____ - _____ - _____
Address: _____ Zip: _____
Home Telephone: () _____

2. Father's Name: _____ Birthplace: _____ Cell Phone: () _____
Business: _____ Address: _____ Phone: () _____
Synagogue Affiliation: _____ E-mail Address: _____

Mother's Name: _____ Birthplace: _____ Cell Phone: () _____
Business: _____ Address: _____ Phone: () _____
Maiden Name: _____ E-mail Address: _____

Parent's Marital Status: Married Divorced Separated Widowed

Paternal Grandparents: Name: _____ Phone: () _____
Address: _____ Synagogue Affiliation: _____

Maternal Grandparents: Name: _____ Phone: () _____
Address: _____ Synagogue Affiliation: _____

3. Languages spoken at home: _____ Parents' preferred language: _____
If applicant is foreign born, birthplace: _____ Date of arrival in USA: _____

4. Family History (siblings of applicant)

Name:	Age:	Schools Attended:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any of the applicant's siblings have learning difficulties? If yes, please elaborate:

Applicant's numerical position in the family _____
Any other people living in the household? _____

5. Education [Previous Schools]

Name of School:

Location:

Years Attended:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Has applicant ever been dismissed from a school? _____

If yes, please state reason: _____

6. School presently attending: _____

Date of Admission: _____ Grade Completed: _____ Hebrew: _____ English: _____

Regular Class: _____ Resource Room: _____ Special Class: _____

English Teacher: _____ Telephone: () _____

Hebrew Teacher/Rabbi: _____ Telephone: () _____

7. Previous Evaluations and Therapy [Please list all educational and medical evaluations done.]

Evaluations:

Dates:

_____	_____
_____	_____
_____	_____

Date of last evaluation by Department of Ed, CSE: _____

Date of most recent IEP: _____

Classification (e.g. learning disabled, speech impaired, etc.) _____:

Program recommended: _____

Has the applicant received any therapy? (e.g. ST, PT, OT, Counseling)?

Types of Therapy:

Name of Provider:

_____	_____
_____	_____
_____	_____

Is family involved with any social service agency? (e.g. Tafkid, SBH, Search, Ohel)? _____

If yes, please provide name and telephone number of worker: _____

8. Does your child take any medication?

If yes, Name: _____ Frequency: _____ Dosage: _____

Name of Prescribing Doctor: _____ Phone: () _____

Has the child experienced any serious illness or had surgery? _____

If yes, give dates and nature of illness: _____

9. Behavior [Please describe your child's past behavior in school.]

Please indicate your child's general behavior at home:

	<i>Not at All</i>	<i>Just a Little</i>	<i>Pretty Much</i>	<i>Very Much</i>
Generally listens the first time				
Fights with siblings				
Gets easily frustrated				
Has difficulty organizing self				
Is restless/fidgets				
Is sensitive				
Is excitable/impulsive				
Moods change quickly or drastically				
Responds to praise/reward				
Demands a lot of attention				
Plays appropriately with peers				
Has difficulty changing from one activity to another				

Does your child have a short attention span? _____

If yes, please describe: _____

How much time do you spend doing homework with your child on a daily basis?

Does your child have a tutor? Yes No If yes, for what subjects and how often?

How does your child feel about school?

Are your child's social interactions typical of a child his age? Please elaborate: _____

How does your child feel about himself/herself? Is there an awareness of strengths and weaknesses?

What is your child's most endearing quality?

What do you find most difficult about dealing with your child?

What does your child value most?

How do you feel Gesher Yehuda can help your child?

If you have any other information that you feel might be helpful for us to know, please elaborate, (e.g. a home situation, an illness in the family, any behavioral issue, or any other matter.)

I hereby affirm that all the information I have given is true to the best of my knowledge and is an accurate description of my child's history and abilities.

Signature of Parent

Signature of Parent

FOR OFFICE USE ONLY

Date application received

Date screening completed