



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: _____

Kindergarten School Report

Name of Applicant _____ Grade _____
Name of Teacher _____ Name of School _____
Phone number at school _____ Best time to call _____
Phone number at home _____ Cell number _____ Best time to call _____
Regular Class _____ Special Class _____ Personal Para or Shadow _____
Class size: Number of students _____ Number of teachers _____ Number of assistants _____

Attendance and General Data

Days Absent this year to date _____ Days Late _____
Does this student exhibit separation anxiety? _____
Did mother sit in the classroom with student? _____ Yes _____ No If yes, for how long? _____
Is this student fully toilet trained? _____ Yes _____ No If not, please explain _____
Does this child dress him/herself independently? _____ Yes _____ No If not, with what does s/he require assistance? _____
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? _____ Name of medication _____
Dosage and frequency _____

Pre-Readiness Skills

_____ Points to and names body parts	_____ sits for several minutes looking at a book
_____ gives first and last name	_____ talks about characters and events in books
_____ can do simple form puzzles	_____ in ways that show understanding of the story
_____ asks what, where, when, who why questions	_____ searches for favorite pictures in books
_____ knows directional words; up, down, out, in	_____ relates simple stories from familiar books
_____ sorts basic shapes	_____ listens to longer stories
_____ counts 1 to 10	_____ engages in early scribble writing
_____ counts 1 to 4 items with one-to-one correspondence	_____ labels and talks about own drawings
_____ instantly tells how many with groups of 1 to 3 items	_____ draws recognizable forms
_____ usually identifies the same or more by making a visual comparison	_____ names action when looking at a picture book
_____ understands concept of all (not relating to number of objects)	_____ tells story when looking at a familiar picture book
_____ notices simple repeating patterns (long, short, long)	_____ recalls one or two elements from a story just read
_____ knows several shapes, colors, sizes	_____ holds pencil/crayon using three-finger grasp
_____ understands functions of body parts	_____ draws person with head and at least one feature
	_____ identifies some letters in own name

Behavior

Has the student exhibited any of the following behavior(s)?
(Check all that apply)

- | | |
|----------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> lack of persistence at tasks | <input type="checkbox"/> cooperative, helpful attitude to teachers |
| <input type="checkbox"/> fearfulness | <input type="checkbox"/> cooperative and helpful attitude to peers |
| <input type="checkbox"/> destruction of property | <input type="checkbox"/> distractibility, short attention span |
| <input type="checkbox"/> frequent crying | <input type="checkbox"/> physical aggressiveness to teachers |
| <input type="checkbox"/> self-abusive behavior | <input type="checkbox"/> physical aggressiveness to peers |
| <input type="checkbox"/> resistance to teachers' directives | <input type="checkbox"/> verbal abusiveness to teachers |
| <input type="checkbox"/> little or no contact with peers | <input type="checkbox"/> verbal abusiveness to peers |
| <input type="checkbox"/> little responsiveness to classroom activity | <input type="checkbox"/> withdrawn behavior |
| <input type="checkbox"/> reluctance to attempt new tasks | <input type="checkbox"/> unable to sit during lessons |
| <input type="checkbox"/> easily frightened/timid | <input type="checkbox"/> easily distracted/ inattentive |
| <input type="checkbox"/> likes everything very orderly | <input type="checkbox"/> things must be done the same way every time |
| <input type="checkbox"/> low frustration tolerance | |

Scholastic Performance

On a scale from 1-5, 1= poor, to 5=excellent, please rate this child's performance on the following:

- | | |
|-----------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> working independently | <input type="checkbox"/> following oral directions |
| <input type="checkbox"/> performing consistently | <input type="checkbox"/> responding to questions |
| <input type="checkbox"/> attending to group lessons | <input type="checkbox"/> recognizing and recalling visual information |
| | <input type="checkbox"/> recognizing and recalling auditory information |

Does student play appropriately with other students? _____

Does child use imaginative play? _____

Does child choose to play alone or with others? _____

Does child ask other children questions to show interest? _____

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

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

Does child exhibit any anxiety throughout the day? _____

Has child exhibited any explosive behavior or temper outbursts? _____

How does the child respond to authority figures? _____

Is there anything about this child's interaction with his/her peers that is significant?

What have you found most effective in attempting to modify behaviors? (e.g., praise, punishment, positive reinforcement, parent contact, etc.) _____

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

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

How does child respond to changes/transitions? _____

Describe child's receptive language skills. _____

Describe child's expressive language skills. Does this child express his/her needs and wants in an age appropriate manner? _____

What are child's interests? What does s/he most enjoy in your classroom? _____

Family Data

Describe any events in the child's home/family that you feel we should be aware of: _____

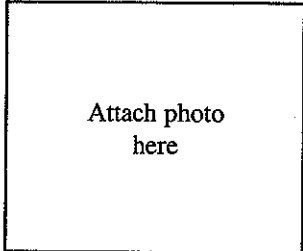
Is there any further information that you feel would be helpful for us to know? Please elaborate _____

Date

Teacher's Signature

**Please fax this report directly to our office at 718-714-9075
Or email to gesherkids@gmail.com**

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 completed.]

Evaluations:

Dates:

_____	_____
_____	_____
_____	_____
_____	_____

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

Date of most recent IEP: _____

Classification (e.g. Learning Disabled, Speech Impaired, etc.) _____:

Program recommended: _____

Has the applicant received any therapy?

Types of Therapy:

Name of Provider:

_____	_____
_____	_____
_____	_____
_____	_____

Is family involved with any social service agency? _____

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