Westmark School
THE DIFFERENCE IS BRILLIANT

RELEASE OF INFORMATION

Child's Name: _____

I give my permission for any representative of the Westmark School staff, to speak with the following persons (name of teacher, administrator, psychologist, educational consultant, physician, resource specialist) regarding my child:

Name/Title: _____ **Phone:**(_____) _____

Name/Title: _____ **Phone:**(_____) _____

Name/Title: _____ **Phone:**(_____) _____

Name/Title: _____ **Phone:**(_____) _____

Comments: _____

_____

_____

_____

_____

Parent's Name: _____ **Relationship to child:** _____

Parent's Signature: _____ **Date:** _____

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TRANSCRIPT REQUEST

TO THE PARENT/GUARDIAN:

Please complete the following information before giving it to your child's school administrator.

Name of Applicant: _____ Birthdate: _____
Last *First* *Middle*

Candidate for _____ Grade in September 2017 Current Grade: _____

Address of Applicant: _____
Number and Street *City* *State* *Zip*

Name of Current School: _____ Phone: _____

Address of Current School: _____
Number and Street *City* *State* *Zip*

Parent/Guardian Authorization Signature: _____ Date: _____

For the student named above, I authorize the release of school records, including an official transcript of all grades and evaluations for the past two years, testing results, and information regarding disciplinary actions.

TO THE HEAD OF SCHOOL OR PRINCIPAL:

The student named above is applying for admission to _____.
School Name

Please attach to this form the candidate's record, including an official transcript of all grades and evaluations, testing results, and information regarding disciplinary actions at your school for the past two years. Please be sure to include grades to date in current courses or forward first term grades to us as soon as they are available, ideally no later than January 20, 2017.

Thank you very much for your assistance.

School Official's Name (please print): _____

School Official's Signature: _____ Date: _____

Title: _____

Phone Number: _____ Email: _____

The Consortium of Secondary School Admission Directors (CSSAD) shares a common mission, assisting families in their exploration of independent school education. They do so by following the best practices of the National Association of Independent Schools (NAIS); by establishing and adhering to ethical, consistent policies and procedures, and most notably, their common decision notification and response dates. These organizations are also committed to sharing resources and expertise in a collegial manner to support the recruitment and enrollment of students.

ENGLISH TEACHER RECOMMENDATION

TO THE PARENT/GUARDIAN:

Please complete the following information before giving it to your child's English Teacher.

Name of Applicant: _____ Candidate for _____ Grade in September 2017

Parent/Guardian Authorization Signature: _____ Date: _____

For the student named above, I waive my rights to read the English Teacher Recommendation.

TO THE ENGLISH TEACHER:

The student whose name appears above is applying for admission to _____
School Name

Your candid observations about his/her academic performance, intellectual promise, and personal qualities will help the Admissions Committee to make its selection of the students entering the school. Your comments will be held in strict confidence. Complete and send this report after December 1, 2016 but no later than January 20, 2017.

Name of Teacher: _____

Current School: _____

Email: _____ Phone Number: _____

How well do you know the student academically? _____

As a person? _____

In what course(s) and grade level(s) did you teach the student? _ Please list three pieces of literature covered in the course: _____

Using the space below, please comment on the student's level of achievement, habits, classroom behavior, and integrity. We are particularly interested in your evaluation of the student's peer relations, generosity, patience, and respect for others. Feel free to attach a narrative summary to this recommendation form.

_____

_____

_____

_____

_____

I recommend this candidate for admission:	not recommended	without enthusiasm	fairly strongly	strongly	enthusiastically
for academic promise	❑	❑	❑	❑	❑
for character	❑	❑	❑	❑	❑
for personal promise	❑	❑	❑	❑	❑
overall recommendation	❑	❑	❑	❑	❑

Signature: _____ Date: _____

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ENGLISH TEACHER RECOMMENDATION

COMMON RECOMMENDATION FORM FOR TEACHERS

Name of Applicant:_____

Thank you for taking the time to complete this checklist. For your convenience, a number of Los Angeles area Independent schools are using a common form for the Teacher Recommendation Form. Please feel free to photocopy this checklist in the event that this student is applying to more than one school. Though each school may vary in the emphasis that it places on the qualities listed below, each school is interested in the descriptive profile of a student that this checklist provides. This form is accepted by the following Los Angeles area schools:

Archer, Berkeley Hall, Brentwood School, Bridges Academy, Buckley, Calvary Christian, Campbell Hall, Chadwick, Chatsworth Hills, The Country School, Crossroads, de Toledo High School, Harvard-Westlake, Heschel, Marlborough, Marymount, Milken, Mirman, New Roads, Oakwood, Pilgrim, Rolling Hills Prep, Sierra Canyon, Sinai Akiba, St. Matthew's, Turning Point, Viewpoint, Vistamar, Wesley, Westmark, Westside Neighborhood, Wildwood, Willows, and Windward.

AFTER PHOTOCOPYING, please circle the school to which you are sending this form. Scan and email or mail a hard copy directly to the admission office of the school to which the applicant is applying.

1.	Academic achievement	❑ considerably below expectations	❑ has had some difficulties	❑ at grade level	❑ above grade level
2.	Effort/Determination	❑ limited	❑ sporadic	❑ usually good	❑ maximum
3.	Ability to work in a group	❑ has great difficulty	❑ sometimes has difficulty	❑ usually effective	❑ always works well
4.	Ability to work independently	❑ needs much help	❑ needs help frequently	❑ needs help occasionally	❑ always works well
5.	Participation in discussion	❑ rarely contributes	❑ wants to dominate	❑ contributes occasionally	❑ joins in readily
6.	Intellectual curiosity	❑ little	❑ occasional	❑ consistent	❑ marked
7.	Written Expression/Content	❑ poor	❑ limited	❑ good	❑ excellent
8.	Ability to express ideas orally	❑ limited	❑ has some difficulty	❑ good	❑ exceptional
9.	Imagination	❑ little	❑ fair	❑ active	❑ highly developed
10.	Daily preparation	❑ poor	❑ fair	❑ good	❑ excellent
11.	Use of time	❑ uses poorly	❑ occasionally wastes	❑ usually uses well	❑ always uses effectively
12.	Follows directions	❑ rarely	❑ needs much explanation	❑ occasionally needs help	❑ quickly and effectively
13.	Critical thinking	❑ limited	❑ consistent with age	❑ often perceptive	❑ exceptionally perceptive
14.	Resilience	❑ rarely	❑ occasionally	❑ usually	❑ always
15.	Attention span	❑ easily distracted	❑ occasionally distracted	❑ usually good	❑ exceptionally good
16.	Integrity	❑ questionable	❑ usually trustworthy	❑ trustworthy	❑ highly developed
17.	Consideration of others	❑ rarely considerate	❑ usually considerate	❑ considerate	❑ unusually thoughtful
18.	Social adjustment with peers	❑ relates poorly	❑ has occasional problems	❑ healthy relationships	❑ extremely popular
19.	Leadership ability	❑ a follower	❑ leads when given responsibility	❑ seeks opportunities and uses them well	❑ a natural leader
20.	Initiative	❑ never initiates	❑ rarely shows initiative	❑ occasionally initiates	❑ often initiates
21.	Classroom Conduct	❑ frequent disruptions	❑ occasional misconduct	❑ usually good behavior	❑ good conduct
22.	Stability	❑ easily frustrated	❑ seeks much attention	❑ handles most situations	❑ stable
23.	Sense of humor	❑ rarely laughs or smiles	❑ fair	❑ good	❑ delightful
24.	Self-confidence	❑ needs much reassurance	❑ appears overly confident	❑ needs occasional support	❑ positive self-image
25.	Parent participation in child's education	❑ rarely involved	❑ overly involved	❑ sometimes involved	❑ appropriately involved
26.	Parent cooperation	❑ unknown	❑ fair	❑ good	❑ outstanding
27.	Parent expectations	❑ unknown	❑ unrealistic	❑ realistic	❑ other _____

Consortium of Secondary School Admission Directors

MATH TEACHER RECOMMENDATION

TO THE PARENT/GUARDIAN:

Please complete the following information before giving it to your child's Math Teacher.

Name of Applicant: _____ Candidate for _____ Grade in September 2017

Parent/Guardian Authorization Signature: _____ Date: _____

For the student named above, I waive my rights to read the Math Teacher Recommendation.

TO THE MATH TEACHER:

The student whose name appears above is applying for admission to _____
School Name

Your candid observations about his/her academic performance, intellectual promise, and personal qualities will help the Admissions Committee to make its selection of the students entering the school. Your comments will be held in strict confidence. Complete and send this report after December 1, 2016 but no later than January 20, 2017.

Name of Teacher: _____

Current School: _____

Email: _____ Phone Number: _____

How well do you know the student academically? _____

As a person? _____

In what course(s) and grade level(s) did you teach the student? _ Please list three pieces of literature covered in the course: _____

Using the space below, please comment on the student's level of achievement, habits, classroom behavior, and integrity. We are particularly interested in your evaluation of the student's peer relations, generosity, patience, and respect for others. Feel free to attach a narrative summary to this recommendation form.

_____

_____

_____

_____

_____

I recommend this candidate for admission:	not recommended	without enthusiasm	fairly strongly	strongly	enthusiastically
for academic promise	❑	❑	❑	❑	❑
for character	❑	❑	❑	❑	❑
for personal promise	❑	❑	❑	❑	❑
overall recommendation	❑	❑	❑	❑	❑

Signature: _____ Date: _____

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Consortium of Secondary School Admission Directors

MATH TEACHER RECOMMENDATION

COMMON RECOMMENDATION FORM FOR TEACHERS

Name of Applicant:_____

Thank you for taking the time to complete this checklist. For your convenience, a number of Los Angeles area Independent schools are using a common form for the Teacher Recommendation Form. Please feel free to photocopy this checklist in the event that this student is applying to more than one school. Though each school may vary in the emphasis that it places on the qualities listed below, each school is interested in the descriptive profile of a student that this checklist provides. This form is accepted by the following Los Angeles area schools:

Archer, Berkeley Hall, Brentwood School, Bridges Academy, Buckley, Calvary Christian, Campbell Hall, Chadwick, Chatsworth Hills, The Country School, Crossroads, de Toledo High School, Harvard-Westlake, Heschel, Marlborough, Marymount, Milken, Mirman, New Roads, Oakwood, Pilgrim, Rolling Hills Prep, Sierra Canyon, Sinai Akiba, St. Matthew's, Turning Point, Viewpoint, Vistamar, Wesley, Westmark, Westside Neighborhood, Wildwood, Willows, and Windward.

AFTER PHOTOCOPYING, please circle the school to which you are sending this form. Scan and email or mail a hard copy directly to the admission office of the school to which the applicant is applying.

1.	Academic achievement	❑ considerably below expectations	❑ has had some difficulties	❑ at grade level	❑ above grade level
2.	Effort/Determination	❑ limited	❑ sporadic	❑ usually good	❑ maximum
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20.	Initiative	❑ never initiates	❑ rarely shows initiative	❑ occasionally initiates	❑ often initiates
21.	Classroom Conduct	❑ frequent disruptions	❑ occasional misconduct	❑ usually good behavior	❑ good conduct
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26.	Parent cooperation	❑ unknown	❑ fair	❑ good	❑ outstanding
27.	Parent expectations	❑ unknown	❑ unrealistic	❑ realistic	❑ other _____

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ADMINISTRATIVE RECOMMENDATION

INSTRUCTIONS TO PARENTS

Dear Parents: This form is to be completed by the applicant's **CURRENT** school. Please complete the information requested in the space below and give this form with the pre-addressed envelope to the appropriate person at your child's school.

Applicant's Name _____ Candidate for Grade _____

Administrator's Name _____

School's Name _____ Telephone Number (_____) _____

INSTRUCTIONS TO ADMINISTRATOR

This recommendation should not be completed before December 2016.

Westmark School is an accredited 2-12 school for students with language-based learning disabilities. Your assessment of this student's academic and personal qualities, as well as your input on work habits, behavior, and respect for others, will provide valuable information as we consider the applicant's candidacy for admission.

How long and in what capacity have you known the applicant and applicant's family?

_____

_____

Please write a brief paragraph regarding this student and his/her family.

_____

_____

_____

_____

_____

_____

_____

Recommendation:	Not Recommended	Without Enthusiasm	Fairly Strongly	Strongly	Enthusiastically
Academic Potential	☐	☐	☐	☐	☐
Character and Personal Promise	☐	☐	☐	☐	☐
Overall Recommendation	☐	☐	☐	☐	☐

Westmark School
THE DIFFERENCE IS BRILLIANT

ADMINISTRATIVE RECOMMENDATION

COMMON RECOMMENDATION FORM FOR ADMINISTRATORS

_____
APPLICANT'S NAME

APPLICANT INFORMATION

Academic Achievement	☐ Excellent	☐ Satisfactory	☐ Unsatisfactory
Behavior/Conduct	☐ Excellent	☐ Satisfactory	☐ Unsatisfactory
Study Habits	☐ Excellent	☐ Satisfactory	☐ Unsatisfactory
Social Adjustment	☐ Excellent	☐ Satisfactory	☐ Unsatisfactory

FAMILY INFORMATION

Communication with School	☐ Consistently	☐ Usually	☐ Rarely
Attendance at School Functions	☐ Consistently	☐ Usually	☐ Rarely
Supportive of School's Rules/Policies	☐ Consistently	☐ Usually	☐ Rarely
Participation in Child's Education	☐ Consistently	☐ Usually	☐ Rarely
Fulfillment of Financial Responsibilities	☐ Consistently	☐ Usually	☐ Rarely
Consideration for School's Faculty/Administration	☐ Consistently	☐ Usually	☐ Rarely

This administrator recommendation is confidential. Thank you for your time on the applicant's behalf.

☐ Check here if you would like us to call you to discuss this student in greater detail.

_____
Administrator's Signature Date Phone Number

Westmark School
THE DIFFERENCE IS BRILLIANT

EDUCATIONAL AND TUTOR SERVICES

Name of applicant _____

To the Educational Therapist

(Please circle the area in which you work with the student: Occupational Therapy, Speech and Language, Academics).

The above named student is an applicant to Westmark School, a school for students with language-based disabilities. So that we may better understand the applicant's learning style, we would appreciate your response to the questions below. Please return the form at your earliest convenience to Westmark School/Admissions.

1. How long have you worked with this student? _____

2. How does this student interact with adults?

_____

_____

_____

3. What skills are you working on with this student?

_____

_____

_____

4. How does this student react to constructive suggestions?

_____

_____

_____

5. What techniques do you find particularly helpful in working with this student?

_____

_____

_____

6. How do you imagine this student would benefit from small classes and a structured environment?

_____

_____

_____

Academic and Personal Ratings

Please check all appropriate responses.

	Outstanding	Excellent	Good	Average	Below Average
Leadership	____	____	____	____	____
Character and Integrity	____	____	____	____	____
Responsibility	____	____	____	____	____
Emotional Maturity	____	____	____	____	____
Emotional Stability	____	____	____	____	____
Motivation	____	____	____	____	____
Homework Completion	____	____	____	____	____
Organization	____	____	____	____	____
Attention Span	____	____	____	____	____
Self-confidence	____	____	____	____	____

Westmark School
THE DIFFERENCE IS BRILLIANT

EDUCATIONAL AND TUTOR SERVICES

Please provide any additional comments that would aid the admission office.

_____

_____

_____

_____

_____

Signature_____

Printed Name_____

E-mail_____

Phone_____

Westmark School
THE DIFFERENCE IS BRILLIANT

COUNSELING SERVICES

Name of applicant _____

To the Counselor

The above named student is an applicant to Westmark School, a school for students with language-based disabilities. So that we may better understand the applicant's learning style, we would appreciate your response to the questions below. Please return the form at your earliest convenience to Westmark School/Admissions.

What is the duration, modality and frequency of contact with this student?

_____

_____

_____

What is the presenting problem and relevant issues addressed in treatment?

_____

_____

_____

How have this child's learning disabilities affected your treatment of this student?

_____

_____

_____

What is the current and past medication history of this student?

_____

_____

_____

How would you rate this student's functioning in the following areas?

Ability to separate in an age-appropriate manner:

_____

_____

Ability to make and maintain friends:

_____

_____

Involvement in recreational and leisure activities:

_____

_____

Ability to follow rules and adjust to institutional expectations:

_____

_____

Social Skills:

_____

_____

Will you remain involved in a counseling relationship with this student after WM admittance?

_____

Would you recommend further counseling or other services that would help support this student?

_____

_____

_____

Please provide any additional comments that would aid the admission office.

_____

_____

_____

Signature_____

Printed Name_____

School Name_____

City_____

E-mail_____

School Phone_____