



Bismehi-Ta'aalaa

# Al-Hadi School of Accelerative Learning

2313 S. Voss Road Houston, Texas 77057 · P:713-787-5000x2500 · Fax:713-513-5315  
Website: [www.alhadi.com](http://www.alhadi.com) e-mail: [registrar@alhadi.com](mailto:registrar@alhadi.com)

## Counselor or Administrator Recommendation Students entering Grades 1-12

Name of Student: \_\_\_\_\_ Candidate for Grade \_\_\_\_\_

**Parent or Guardian:** Please write your child's name in the space above. Please read and sign the following before giving this form to your student's Counselor or Administrator.

I understand and agree that the information contained on this recommendation form is confidential and will be used only in the selection of candidates. I also agree that this completed form will not be available to candidates, parents, or anyone outside of the Admissions Committee, and I hereby waive any right that I may have to see it. **This student's application cannot be processed until this form is received in the Admissions Office.**

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Counselor or Administrator:** Please complete this form and email to the above address by \_\_\_\_\_. As a current counselor or administrator, please evaluate the candidate based on your direct knowledge of him or her. Keep in mind that the applicant should be evaluated according to others of the same chronological age. The members of the Admissions Committee thank you for your interest, cooperation, and honesty. Your comments will be treated confidentially and will not be shared with parents. Please check the appropriate boxes and include comments. **This student's application cannot be processed until this form is received by the School Registrar.**

- Has the student ever repeated a grade?  Yes  No If yes, what grade? \_\_\_\_\_
- Has the student ever been suspended from school for any reason?  Yes  No  
If yes, please explain: \_\_\_\_\_
- Has the student been in honors or advanced classes?  Yes  No  
If yes, in what areas?: \_\_\_\_\_
- Does the student have any academic weaknesses?  Yes  No  
If yes, in what areas?: \_\_\_\_\_
- Does the student have any clinically evaluated/diagnosed learning disabilities?  Yes  No  
If yes, please explain: \_\_\_\_\_



6. Has the student been evaluated for or diagnosed as ADD/ADHD?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

7. Has additional special testing or tutoring been recommended at any time?  Yes  No

If yes, please explain: \_\_\_\_\_

8. Frequency of being Tardy: Please circle one of the following:  Often  Sometimes  Seldom

9. Frequency of being absent: Please circle one of the following:  Often  Sometimes  Seldom

If you have additional information that will be helpful to the Al-Hadi Admissions Committee in evaluating this candidate's application, please comment. If needed, use another sheet of paper.

\_\_\_\_\_  
\_\_\_\_\_

**Parent Participation**

1. Parent(s) participate in school activities  Often  Sometimes  Seldom

2. Parent(s) support school policies and procedures  Often  Sometimes  Seldom

3. Is there anything regarding the family that would be helpful for us to know?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.  I would be willing to discuss this applicant by phone  Do not contact me by phone

Signature of Counselor/Administrator (please circle one) \_\_\_\_\_  
Name of School: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
School Address: \_\_\_\_\_  
Home telephone number (optional): \_\_\_\_\_ Date: \_\_\_\_\_

Revised: 02/08/18