



Al-Hadi School of Accelerative Learning

14855 Richmond Ave. Houston, Texas 77082 (832)617-8363. Fax (713)513-5315

Website: www.alhadi.com email: 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.**

1. Has the student ever repeated a grade? Yes No If yes, what grade? _____

2. Has the student ever been suspended from school for any reason? Yes No

If yes, please explain: _____

3. Has the student been in honors or advanced classes? Yes No

If yes, in what areas?: _____

4. Does the student have any academic weaknesses? Yes No

If yes, in what areas?: _____

5. 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: 02/08/21

