



Related Service Provider/Therapist Recommendation Form

Parent/Guardian: Please complete the information in the box below and give this form to one of your child's current teachers to complete. The teacher should mail this form directly to Aaron School at the address below.

NOTE: Parent/guardian may make multiple copies of this form and distribute to multiple service providers as desired.

Name of applicant: _____ Current School: _____

Related Service Provider /Therapist: _____

I give the above named therapist permission to provide information to Aaron School regarding my child, _____, as part of my child's application for admission to Aaron School.

Signature: _____ Name: _____ Date: _____

Related Service Provider/Therapist: Please include in your comments information regarding this student's areas of strengths, social skills, independent skills, behavior, attention, progress in treatment, and strategies that are effective in his/her learning and development. Please include the duration of time that you have worked with this student, and in what capacity. Thank you.

Please return this page to:

Aaron School

Attn.: Linda Gardner

309 East 45th Street

New York, NY 10017