

TEACHER RECOMMENDATION – JUDAIC STUDIES

Teacher: Thank you for taking the time to complete this recommendation form.
All information is confidential and will be used for admissions purposes only.

Name of student _____ Date _____

Current School _____ Subject _____

Name of Teacher _____

Please check the single most appropriate box in each of the listed categories. Consider the student in terms of the grade as a whole.

	N/A	Below Average	Average	Good	Excellent
Academic Motivation					
Effective class engagement					
Intellectual/academic ability					
Organized					
Concern for others					
Independence					
Reaction to setbacks					

Please include any other relevant information, eg. strengths, obstacles, difficulties overcome by student

Signature _____

