

TEACHER RECOMMENDATION FORM

To the Applicant: Please fill in your name and the grade to which you are applying. Submit this form to a current teacher, together with a stamped envelope addressed to the Director of Admissions, Westchester Hebrew High School, 856 Orienta Avenue, Mamaroneck, NY 10543.

Name of Applicant _____

Applying for Grade _____

To the Teacher: Thank you for taking the time to complete this form, which must be received by November 26th. The candid information you provide will be of valuable assistance in helping us to get to know this student in order to make a thoughtful admissions decision and for potential class placement. This recommendation will be kept confidential.

Name of Teacher _____

Subject Taught _____

How long have you known this student?

How would you describe the student's overall performance in relation to his or her ability?

Please comment on the student's conduct, class participation and interactions with both you and his or her peers.

What are the student's strengths? Weaknesses?

Please check the box which most accurately describes the student.

	Below Average	Average	Good	Excellent
Effort & Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Teacher _____

Date _____