

Judaic Studies/Religious School Teacher Recommendation

Parents: Please fill in the applicant's name and the grade for which he/she is applying. Submit this form to your child's *current* Judaic Studies or Religious School teacher. Ask that it be returned directly to:

**Director of Admissions
Chicagoland Jewish High School
1095 Lake Cook Road
Deerfield, IL 60015**

applicant's name

applying for grade

school year

To the teacher: The above student is a candidate for admission to Chicagoland Jewish High School in Deerfield, Illinois. We ask that you complete this form to help us in our admission process. Your candid response will enable us to evaluate the applicant for admission to our dual curriculum program. We want to be sure we have an accurate assessment of the candidate's ability in Judaic Studies. This form is confidential and will not be made available to parents or students. Thank you for your cooperation.

What do you teach the applicant? Subject: _____

Course: _____

Level of difficulty: _____

Please describe the student's Tefillah skills:

Describe the applicant's ability to study Biblical and Rabbinic text independently. Note attributes and shortcomings (if any):

Based on your experience with the applicant, please rate the student's abilities in:

	Outstanding	Very Good	Good	Below Average
Academics:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in <i>Chevruta</i> :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral comprehension of Hebrew:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to analyze text:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to Jewish Education:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the student's ability to discuss ideas and texts in Hebrew:

Have you provided any accommodations due to specific learning needs?
If so, please describe:

Additional Comments: _____

Teacher's name: _____ Title/Position: _____

School name: _____ Phone Number: _____

E-mail: _____

Teacher's signature: _____ Date: _____