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# Hillel Torah

NORTH SUBURBAN DAY SCHOOL  
בית ספר הלל תורה

## Teacher Recommendation (General Studies)

**Parent** Please give this recommendation form to the principal of your child's school for distribution to the appropriate teacher.

**Please sign** I authorize my child's current school to release information contained in my (child's) records to Hillel Torah Day School. I authorize Hillel Torah staff to gather information about my child through class observations, conversations with school staff and a review of his/her records.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Teacher** Thank you for taking the time to complete this recommendation form.  
**Please return this form directly to our office**  
All information is confidential and will be used only for admissions purposes.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Current School

\_\_\_\_\_  
Class Size

Please comment on the student's academic skills.

Please describe the student's strengths.

Please describe student's interests.

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**Social/Emotional Development**

<i>Please check column that best describes the child.</i>	Superior	Good	Average	Below Average	Poor
Attention span					
Ability to follow directions					
Ability to complete tasks					
Ability to work in a group					
Ability to follow class rules					
Attitude towards teachers					
Attitude towards peers					
Attitude of peers toward applicant					
Acceptance of consequences of own behavior					
Response to teacher direction					

Please describe areas in need of further development. Is there anything else you feel we should know about the child?

Does the child have any limitations, disabilities or special needs? Does the child receive any resource support or therapies from the school and/or outside sources or have any been recommended? Please explain

Do you know any reason why this student could not thrive in a dual language program?

# Recommendations

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Has the student been dismissed, suspended or on probation from school, or incurred serious disciplinary action?

Additional Comments.

Parents are an important part of our relationship with the student. Please share with us any thoughts you have regarding this applicant's family.

\_\_\_\_\_  
Name of Teacher *(Please Print)*

**X**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return by February 7, 2020**

**Admissions Office – Hillel Torah North Suburban Day School**

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