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Hillel Torah

NORTH SUBURBAN DAY SCHOOL
בית ספר הלל תורה

Teacher Recommendation (Judaic Studies)

Thank you for taking the time to complete this recommendation. All information is confidential and will be used only for admissions purposes. Once complete please mail or email the form directly to our admissions office karin.felix@hilleltorah.org. Recommendation forms must be submitted directly by the school or teacher to ensure confidentiality.

Parents have given written permission in their application to Hillel Torah Day School for their child's current school to release information contained in their child's record to Hillel Torah Day School and for Hillel Torah staff to gather information about the student through class observations, conversations with school staff, and a review of his/her records.

Please return this form directly to our office

_____	_____
Name of Student	Grade
_____	_____
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	Area of Concern
Ability to stay focused during activities					
Ability to follow directions					
Ability to complete tasks in the allotted time					
Ability to follow class rules					
Ability to transition between tasks					
Appreciation of new challenges					
Ability to express thoughts and ideas					
Ability to problem solve					
Ability to contribute to discussions					
Ability to work independently					
Ability to work in a group					
Response to teacher direction					
Comfort with peers					
Capacity to lead					
Capacity to follow					
Attitude toward peers					
Attitude towards teachers					
Attitude of peers towards applicant					
Acceptance of consequences of own behavior					
Ability to handle feelings in difficult situations					
Child's self image					

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

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What is Student's Hebrew Language Proficiency?

<i>Please check column that best describes the child.</i>	Superior	Good	Average	Below Average	Poor
Reading					
Comprehension					
Writing					
Verbal expression					

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

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, 2022

Admissions Office – Hillel Torah North Suburban Day School

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