



## **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 Karin Felix in 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 by February 3, 2025.

Name of Student	
Current School	Class Size
Please comment on the student's academic skills	S.

## What is Student's Hebrew Language and Judaic Studies Proficiency?

Please check column that best describes the child.	Above Grade Level	At Grade Level	Below Grade Level	Student Does Not Learn Subject	Not Able To Comment
Hebrew Reading					
Hebrew Comprehension					
Hebrew Writing					
Hebrew Verbal Expression					
Chumash					
Mishna/Talmud					

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## **Social/Emotional Development**

Please check column that	Above	At	Below	Area of
best describes the child.	Grade Level	Grade Level	Grade Level	Concern
Overall executive functioning				
Overall academic functioning				
Ability to stay focused during activities				
Ability to follow directions				
Ability to complete tasks in the allotted time				
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				
Overall social functioning				
Comfort with peers				
Capacity to lead				
Capacity to follow				
Attitude toward peers				
Attitude towards teachers				
Attitude of peers towards applicant				
Overall social-emotional/behavior functioning				
Acceptance of consequences of own behavior				
Ability to handle feelings in difficult situations				
Child's self image				
Ability to follow class rules				
Ability to transition between tasks				
Appreciation of new challenges				
Response to teacher direction				

Appreciation of new challenges			
Response to teacher direction			
	-		
Please describe the student's strengths.			
Please describe the student's interests.			

	relopment. Is there anything else you feel we should know a
	ies or special needs? Does the child receive any resource sources or have any been recommended? Please explair
of therapies from the seriod and/or outside	Sources of flave any been recommended: Flease explain
Has the student been dismissed, suspend	led or on probation from school, or incurred serious disc
Additional Comments	
Additional Comments.	
	onship with the student. Please share with us any though
regarding this applicant's family.	
Name of Toocher (Disser Disse)	
Name of Teacher (Please Print)	
X	
Cianatura	Date
	2 4.0
Signature  Please return by February 3, 202	NE.

phone: (847) 674-6533 x209 | fax: (847) 674-8313

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