



Hillel Torah

NORTH SUBURBAN DAY SCHOOL

בית ספר הלל תורה

Teacher Recommendation (Early Childhood)

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.

Name of Student

Birth Date

Current School

Grade Applying For

Attendance:

☐ Regular

☐ Not Regular

Tardiness:

☐ Infrequent

☐ Frequent

Social / Emotional Development

Please check column that best describes the child.	Notably Advanced	Age Appropriate	Progressing Towards Age Appropriate	Possible Area of Concern
Comfort with peers				
Capacity to lead				
Capacity to follow				
Ability to work independently				
Cooperation in the classroom				
Initiates play				
Comfort with adults				
Uses materials appropriately				
Child's self image				

Please comment on the child's social development.
(self-image, ability to deal with conflict and frustration)

Early Readiness Development

<i>Please check column that best describes the child.</i>	Notably Advanced	Age Appropriate	Progressing Towards Age Appropriate	Possible Area of Concern
Ability to listen in a large group				
Ability to listen in a small group				
Ability to complete a task in an allotted time				
Ability to contribute to discussions				
Ability to follow 1-step directions				
Ability to follow 2-step directions				
Respect for classroom routines				
Ability to transition between tasks				
Appreciation of new challenges				
Positive response to classroom expectations				
Ability to express thoughts and ideas				
Ability to problem solve				

Please comment on early readiness development.
(receptive and expressive language, visual and auditory discriminations, etc.)

Physical Development

<i>Please check column that best describes the child.</i>	Notably Advanced	Age Appropriate	Progressing Towards Age Appropriate	Possible Area of Concern
Small muscle control and coordination				
Large muscle control and coordination				
Participation in outdoor physical activities				

3

Recommendations

Please check the words that best describe the student:

- | | | | | |
|--|---|--------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Anxious | <input type="checkbox"/> Articulate | <input type="checkbox"/> Happy | <input type="checkbox"/> Disobedient |
| <input type="checkbox"/> Perfectionist | <input type="checkbox"/> Motivated | <input type="checkbox"/> Moody | <input type="checkbox"/> Manipulative | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Disorganized | <input type="checkbox"/> Shy | <input type="checkbox"/> Influential | <input type="checkbox"/> Social | <input type="checkbox"/> Confident |
| <input type="checkbox"/> Follower | <input type="checkbox"/> Easily Discouraged | <input type="checkbox"/> Responsible | <input type="checkbox"/> Well-Liked | <input type="checkbox"/> Distractible |
| <input type="checkbox"/> Rambunctious | <input type="checkbox"/> Distracting | <input type="checkbox"/> Irritable | <input type="checkbox"/> Energetic | <input type="checkbox"/> Leader |

Please describe the student's particular strengths.

Please describe areas in need of further development. What strategies are helpful for this child with respect to developing skills and competencies? Do you suggest support in this area?

Does the child have any limitations, disabilities or special needs? (including amount of teacher time required). Does the child receive any resource support/therapies or have any been recommended? Please explain.

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)*

Teacher Email

X

Signature

Date

Please return by February 6, 2026**Admissions Office – Hillel Torah North Suburban Day School**Karin Felix karin.felix@hilleltorah.orgphone: (847) 674-6533 x209 | www.hilleltorah.org

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