



TEACHER RECOMMENDATION FORM – JUDAIC STUDIES (APPLYING TO 2ND – 8TH GRADES)

To the Parent: Please submit this form along with a return envelope to your child’s Hebrew teacher.

To the Teacher: This recommendation will be held in the strictest of confidence and used solely for admission purposes. **Please complete this form, place in the return envelope, sign the seal and mail directly to: Barkai Yeshivah Admissions, 5302 21st Avenue, Brooklyn, NY 11204.** Thank you for your time and effort, and the insight your comments will provide.

Name of Child: _____ Current School: _____

Grade: _____ Class Size: _____ Teacher’s Name: _____

Subjects Taught: _____

Please check the appropriate boxes:

	Exceeds Expectations	Meets Expectations	Not meeting Expectations
Hebrew Reading -			
Hebrew Writing -			
Oral Comprehension -			
Torah -			
	Consistently	Often	Area of Concern
Follows Classroom Rules			
Pays Attention During Lessons			
Is Able to Focus on Tasks			
Gets Along with Peers			
Makes an Effort to Succeed			

Please describe the student’s and his/her academic progress in your class:

Please describe the social and emotional development of the student:

Please provide any additional relevant information (Please include any physical, emotional, or learning disabilities which may affect school performance.)

**For more space please use the reverse side of this form.*

Teacher’s Signature: _____

Date: _____

5302 21st Avenue, Brooklyn, NY 11204

T: 718.998.7473

F: 718.758.3551

barkaiyeshivah.org