



CONFIDENTIAL TEACHER RECOMMENDATION FORM (APPLICATION FOR GANON – 3'S)

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

Name of Child _____ Current School _____

Teacher _____ Telephone # _____

Class Hours _____ Class Size _____ Date _____

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.

Language Skills (expresses needs and understands directions)

Fine/Gross Motor Development

Social/Emotional Development (follows program routines, separates from caregiver, gets along with others)

Student Strengths and Weaknesses

Parent Participation/Support

Additional Information
