



5007 Providence Rd. Building E Suite 110 Charlotte, NC 28226 704-366-4558

Teacher Recommendation Form for Applicants to Grades 6 – 8

Instructions: Thank you for taking time to complete this evaluation. Your expertise and insight are invaluable to us as we strive to meet the educational needs of this student. Specific examples and anecdotes are especially helpful. This information is confidential and privileged.

Please return this form to the office of admission: bfoxx@cjdschool.org / 704-364-0443 Fax

Name of applicant: _____ Applying to grade: _____

Teacher's Name: _____

ELA Textbook(s) Used: _____ Advanced or Regular Class: _____

Math Textbook(s) Used: _____ Advanced or Regular Class: _____

Attendance Record: _____ Tardiness Record: _____

Applicant's grade ELA: _____ Applicant's grade math: _____

Please rate the applicant in relationship to other students you have taught in recent years.

ACADEMIC PERFORMANCE

	Superior	Good	Average	Below Average	Poor
Language Arts					
Oral Language Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decoding/Word Attack Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spelling Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics					
Math Facts / Computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math Concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Language Arts

Math

Has additional tutoring or outside assistance been recommended? _____

Has additional tutoring or outside assistance been given? _____

If yes, by whom? _____

STUDY HABITS

	Superior	Good	Average	Below Average	Poor
Motivation/Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Risk Taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility in Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes Work on Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willing to Accept Feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resiliency / Grit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Try New Things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOCIAL & EMOTIONAL DEVELOPMENT

Peer Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social/Emotional Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assumption of Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses Emotions Suitably	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows Empathy & Tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotes Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARENT(S)/GUARDIAN(S) INVOLVEMENT WITH THE SCHOOL *(to be completed by the teacher):*

	Usually	Sometimes	Seldom
Attends Parent Conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in School Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates with School Policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates Appropriately with Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally Supportive of the School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Parents Expectations of the Student are Realistic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the following characteristics of this student.

Applicant's greatest strength and/or talent: _____

Special areas that may need to be addressed (academic, emotional/social): _____

Please comment on student's growth mindset (willingness to make mistakes, embrace challenges, accept & apply feedback given): _____

Has this student ever been recommended for testing or therapy; academically, behaviorally, socially? _____

To your knowledge, has this student ever attended a Jewish Day School? If so, where? _____

To your knowledge, is Hebrew spoken in the home? _____

To your knowledge, is the student able to read or write in Hebrew? _____

Teacher(s) Name(s): _____

Teacher(s) Email Address(es): _____

School: _____

School Address: _____

School Phone Number: _____

Date: _____

**Feel free to use the next page for additional comments.*

ADDITIONAL COMMENTS / NOTES: