



Rabbi Oscar Z.
Fasman Yeshiva High School
 7135 North Carpenter Road, Skokie, Illinois 60077
 (847) 982-2500 FAX (847) 674-6381 www.HTC.edu

**Judaic Studies Teacher
 Recommendation Form for Application**

To the Applicant: Please complete the portion above the dotted line and then give this form to the individual making the recommendation.

Name of Applicant: _____

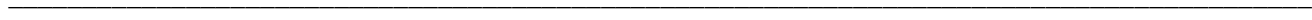
Home Address: _____



To the individual completing this Recommendation Form: Thank you very much for completing this form. We believe that your evaluation of the above named applicant is an important component in our admissions decision. We appreciate you taking the time to help us in this process. **Please complete this form, seal it in an envelope and return to the applicant to include in the application packet.**

Your Name: _____

How long and in what capacity have you known the Applicant: _____



Name of Your Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Please evaluate the applicant using the grid below:

Student's Traits	Below Average	Average	Good	Very Good	Excellent (Top 5%)
Religious Observance					
Consideration/Relation for others					
Motivation					
Sense of Responsibility					
Attendance/Punctuality					
Desire for Academic Growth					
Emotional Stability					
Effort/Participation					
Scholastic Ability					

Please answer the following questions focusing on the student's academic potential, character, maturity and readiness for undertaking a rigorous academic program.

Your observations of the student's outstanding strengths:

Your observations of the student's weaknesses:

Your observations of the student's social skills:

Your observations of the student's academic skills:

Highly recommend

Recommend

Cannot recommend

this applicant for admission to Fasman Yeshiva High School.

Signature of recommender

Date

Note to Recommender: Please feel free to use additional pages if necessary.