



Atlanta Jewish Academy

Jewish Professional Recommendation

Thank you for taking the time to share your thoughts with us. We value your input and perspective.

Please print in ink. Please use additional paper if needed. Please return completed form to:

Elizabeth Schoen, Admissions/Registrar

Atlanta Jewish Academy, 3130 Raymond Drive, Atlanta, GA 30340

All comments will be held in strictest confidence; information will be used only for admissions purposes and will not become part of the student's permanent record file.

Student's Name: _____
First Middle Last

Your Name: _____
First Last

1. How long have you known this student and in what capacity? _____

2. Please list the subject taught and level of difficulty: _____

3. Please check the category that best applies to the student:

| | Exceptional | Above Average | Average | Below Average |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Creative ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Independent thought and action | <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"/> |
| Academic performance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Classroom Behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relationship with peers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relationship with family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adult and social interaction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Describe the role Judaism plays in this student's life. Please comment with respect to academics and social contexts, and offer concrete examples.

5. Please comment on the character strengths and weaknesses of this student. Include such areas as integrity, honesty, maturity, responsibility, leadership, humor, and social skills. _____

6. In your opinion, is this student interested in being in a Jewish day school environment?

Mark the level below:

Very Interested

Interested

Indifferent

Not Interested

Really Not Interested

Thank you for completing the Jewish Professional Recommendation.

Signature

Please Print Name

Name of School

Street

City

State

Zip

County

Phone Number

Month

Day

Year

Atlanta Jewish Academy

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www.atljewishacademy.org

If you have any questions, please contact Elizabeth Schoen at x 209