



# Atlanta Jewish Academy

## Principal 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? \_\_\_\_\_

2. Describe this student to the best of your ability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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. What are the academic strengths and weakness of this student? (e.g. diligence, desire to learn, curiosity, class leadership, achievement in relationship to potential, preparation and completion of homework.) Please use 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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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6. Would you recommend this student for Honors Level Math?

7. Would you recommend this student receive academic support?

Thank you for completing the Principal Recommendation.

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Signature

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Please Print Name

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Name of School

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Street

City

State

Zip

County

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Phone Number

---

Month

Day

Year

**Atlanta Jewish Academy**

3130 Raymond Drive, Atlanta, GA 30340

Phone: 770-451-5299 Fax: 770-451-5571

[www.atljewishacademy.org](http://www.atljewishacademy.org)

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