

Teacher Recommendation Form

Teacher/Administrator

Name of Applicant: _____ Grade applying to: _____

The above named student is an applicant for admission to The King David School, an independent Jewish day school, grades K-8. We would appreciate your candid and confidential evaluation of the applicant as a student and as a person. Your comments will be held in the strictest confidence.

ACADEMIC QUALITIES

No Opportunity To Observe		Poor	Fair	Average	Good	Excellent	One of the Best Ever
	Study Habits						
	Attention Span						
	Ability to Work Independently						
	Ability to Organize						
	Ability to Communicate Ideas						
	Motivation						
	Intellectual Curiosity						
	Critical & Abstract Thinking						

PERSONAL QUALITIES

No Opportunity To Observe		Poor	Fair	Average	Good	Excellent	One of the Best Ever
	Creativity						
	Self-Confidence						
	Leadership Potential						
	Reaction to Criticism						
	Reaction to Setbacks						
	Concerns for Others						
	Personal Conduct						
	Personal Integrity						
	Ability to Act Independently						
	Ability to Work Cooperatively						
	General Level of Maturity						

PLEASE COMPLETE BOTH SIDES OF FORM

mind. body. soul.

