AKIVA SCHOOL

AKIVA

ACADEMIC EXCELLENCE. INFORMED JEWISH LIVING.

בית הספר הקהילתי עקיבא

TEACHER RECOMMENDATION FORM GRADES 1-6

STUDENT NAME _____PRESENT GRADE_____

DATE_____ SCHOOL NAME_____

TEACHER_____TEACHER EMAIL_____

SCHOOL ADDRESS _____

CITY _____ STATE_____ZIP_____

How long have you known this student? _____In what capacity?_____

The Admissions Committee appreciates your cooperation in giving as full an appraisal as possible of this child's needs. All information is confidential.

ACADEMIC QUALITIES *(Please check the box that best describes the student compared with other students you have taught.)*

	TRULY OUTSTANDING	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Ability	☐	☐	☐	☐	☐
Performance	☐	☐	☐	☐	☐
Study Habits:					
Ability to work independently	☐	☐	☐	☐	☐
Ability to work in a group	☐	☐	☐	☐	☐
Ability to organize	☐	☐	☐	☐	☐
Class participation	☐	☐	☐	☐	☐
Thoroughness of assignments	☐	☐	☐	☐	☐
Timeliness of assignments	☐	☐	☐	☐	☐
Willingness to seek help if needed	☐	☐	☐	☐	☐
Intellectual curiosity	☐	☐	☐	☐	☐
Creativity & originality of thought	☐	☐	☐	☐	☐
Ability to express ideas verbally	☐	☐	☐	☐	☐
Ability to express ideas in writing	☐	☐	☐	☐	☐
Reading interest	☐	☐	☐	☐	☐

Please comment on this student's academic and strengths and weaknesses (persistence, motivation, initiative, etc.).

Please compare this student's academic achievement to his/her ability.

Please comment on this student's personality (manners, friendliness, modesty, sense of humor, individuality etc.).

Please comment on this student's attendance (frequent absences, tardies, etc.).

PERSONAL QUALITIES *(Please check the box that best describes the student compared with other students you have taught.)*

	TRULY OUTSTANDING	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Honesty	☐	☐	☐	☐	☐
Self-discipline	☐	☐	☐	☐	☐
Maturity	☐	☐	☐	☐	☐
Persistence	☐	☐	☐	☐	☐
Reaction to criticism/setbacks	☐	☐	☐	☐	☐
Potential for leadership with peers	☐	☐	☐	☐	☐
Respect of/relationship with adults	☐	☐	☐	☐	☐
Thoroughness of assignments	☐	☐	☐	☐	☐
Attitude	☐	☐	☐	☐	☐
Self-confidence	☐	☐	☐	☐	☐

Please comment on the student as a person; consider character and emotional stability as well as social development.

Please comment on parent involvement and/or any particular needs of this student to be met by the school. Consider the parent's educational support, cooperation and expectations and any special needs of the student.

Has the student ever been suspended, denied re-enrollment, asked to withdraw, or received disciplinary censure?
If yes, please explain.

SUMMARY (Please check the box that best describes the student compared with other students you have taught.)

	TRULY OUTSTANDING	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
SCHOLACTIC PROMISE	☐	☐	☐	☐	☐
PERSONAL PROMISE	☐	☐	☐	☐	☐
OVERALL RECOMMENDATION	☐	☐	☐	☐	☐

☐ I would like to further discuss this student by phone. Please call me at _____.
The best time to call is _____.

We truly appreciate the time you have invested in this student's application. Your comments are valued.

Name (please print)_____ Signature_____

Please return form to Akiva School, attn: Celia Lerch, Director of Enrollment & Outreach
809 Percy Warner Blvd, Nashville, TN 37205, clerch@akivanashville.net