



# Joseph & Florence Mandel Jewish Day School

## TEACHER RECOMMENDATION FORM MIDDLE SCHOOL

### Student Recommendation Request for candidates applying to Mandel JDS

\_\_\_\_\_ (child's name) has applied for admission to \_\_\_\_\_ (grade) at  
Mandel JDS for \_\_\_\_\_ (school year).

In order to help us consider this application, we ask for your help in completing the form below. Please return the form to Mandel JDS as soon as possible so that we may complete our admission process.

- Via mail:  
Mandel JDS  
Attn: Admission Office  
26500 Shaker Blvd.  
Beachwood, OH 44122
- Via fax: 216-464-3229 Attn: Admissions
- Via email: [lsimon@mandeljds.org](mailto:lsimon@mandeljds.org)

\_\_\_\_\_ check here if you would prefer to present your information over the phone. Mandel JDS's phone number is 216-464-4055, ext. 106.

We can reach you at \_\_\_\_\_ (phone number) at \_\_\_\_\_ (times).

1. How long and in what capacity have you known this applicant, including in what course(s) and what grade level(s)? Please mention what grades the applicant received.
  
  
  
  
  
  
  
  
  
  
2. What are the first few words that come to mind to describe this applicant?
  
  
  
  
  
  
  
  
  
  
3. Please compare this applicant's academic achievement with his/her ability.

4. In relation to academic work, please comment on the applicant's motivation, attention span and ability to work alone as well as cooperatively.

5. Please evaluate how this applicant interacts:

a. With peers:

b. With adults:

6. Please rate the candidate on a scale of 1-4 (with 4 as the highest) in the following areas:

a. Academic ability \_\_\_\_\_

b. Contribution within the classroom \_\_\_\_\_

c. Classroom conduct \_\_\_\_\_

d. Follows directions \_\_\_\_\_

e. Timely completion of work \_\_\_\_\_

f. Personal integrity \_\_\_\_\_

g. Contribution to extracurricular activities \_\_\_\_\_

h. Contribution to overall atmosphere of the school \_\_\_\_\_

i. Ability to advocate for self \_\_\_\_\_

j. Study habits \_\_\_\_\_

k. Organizational skills \_\_\_\_\_

7. Does the applicant have any special needs (e.g. learning disabilities, pronounced social or emotional challenges, speech or hearing limitations, exceptional physical conditions) that should be accommodated?

8. How do the applicant's parents relate to the teacher/school? Please comment on parental cooperation and involvement.

9. Summarize this student's strengths:

10. Summarize this student's weaknesses:

Teacher \_\_\_\_\_ School \_\_\_\_\_

