



Teacher Recommendation Form

Students entering Grades 1-8

Applicant's Name: _____

THIS STUDENT HAS APPLIED FOR ADMISSION TO B'NAI SHALOM DAY SCHOOL. PLEASE COMPLETE THIS FORM AND RETURN IT TO B'NAI SHALOM DAY SCHOOL, 804-A WINVIEW DRIVE, GREENSBORO, NORTH CAROLINA 27410

Teacher/Administrator Completing Form: _____

Position: _____

Please mark (✓) the column that best characterizes the applicant.

Characteristics	Always	Usually	Never	Comments
Cooperates with teacher(s)				
Gets along with peers				
Follows class and school rules				
Completes assignments				
Assumes responsibility				

Please list the student's strengths: _____

Please list the student's areas of concern: _____

To your knowledge, has the student required any special attention to correct or improve academic performance, and/or social/emotional behavior? If yes, please describe the situation. _____

Your recommendation: Highly recommended ____ Recommended ____
 Recommended with reservations ____ Not recommended ____

Teacher/Administrator Signature: _____ Date: _____

Parent or Guardian: Please read and sign prior to giving this form to the school. *I give my permission to the staff of my child's school to fill out this form and return it directly to B'nai Shalom. I understand that the above information is confidential and that it will not be available to anyone except the staff at B'nai Shalom for the purpose of evaluating my child's admission to B'nai Shalom. I waive all rights to see it. It is not to become a part of the child's permanent files.*

Parent or Guardian: _____ Date: _____