



Current Teacher Recommendation

To Parents: Please print child's name and give this form to your child's current teacher who will complete it and return it directly to the Admissions Office.

Student's name: _____ Applying for Grade _____ in Fall 20_____

Our signatures below indicate that we understand that this is confidential recommendation is a required and important part of our child's admission application and we will not have access to it.

Parent/Guardian 1 Name (print): _____ Signature: _____ Date: _____

Parent/Guardian 2 Name (print): _____ Signature: _____ Date: _____

To the Teacher:

Please complete this form and return it to the admissions office. Please retain a copy of your complete recommendation for your files. The completed form may either be mailed in the stamped envelope provided by the student's parents or emailed to admissions@sdja.com. This recommendation will remain confidential and will not become part of the student's permanent record. We sincerely appreciate your cooperation.

Math

Academic Qualities

Poor Fair Average Good Excellent One of the Best Ever

Study habits						
Attention span						
Ability to work independently						
Ability to organize & communicate ideas						
Motivation						
Intellectual aptitude						
Intellectual curiosity						
Critical and abstract thinking skills						

Language Arts

Academic Qualities

Poor Fair Average Good Excellent One of the Best Ever

Study habits						
Attention span						
Ability to work independently						
Ability to organize & communicate ideas						
Motivation						
Intellectual aptitude						
Intellectual curiosity						
Critical and abstract thinking skills						

Personal Qualities

Creativity						
Self-confidence						
Leadership potential						
Reaction to criticism						
Reaction to setbacks						
Concern for others						
Personal conduct						
Personal integrity						
Ability to act independently						
Ability to work cooperatively						
General level of maturity						
Sense of humor						

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(Please use additional paper, if necessary)

Please describe this student's ability with regards to the subject of mathematics. (Consider ability to retain mathematical relationships and principals, drawing generalizations, applying basic principles in word problems, and relying on memory versus conceptual processes.):

Please describe this student's ability with regards to the subject of language arts (Consider writing skills, reading comprehension, oral communication and oral reading.):

Please comment on this student's study habits (Consider initiative, drive, ability to organize, etc.):

Please comment on this student as a person (Consider maturity, integrity, behavior, respect for others, self-discipline, individuality, sense of community service, etc.):

Other comments and remarks: (Are there any traits, good or bad, not mentioned above that are worthy of noting?):

<i>I recommend this student:</i>	Not at All	With Reservation	Mildly	With Confidence	Enthusiastically
Academic ability and promise					
Character and personal promise					
Integrity					
Overall					

Is there any additional information that can be better conveyed in a phone conversation? Yes No

Hours you are available: _____ to _____ AM/PM Phone: (____) _____

Teacher's name: _____ Email address: _____

School: _____ School Phone: _____

School address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Please send this recommendation via mail, fax or email to:

San Diego Jewish Academy
Admissions Office
11860 Carmel Creek Road, San Diego, CA 92130
Phone (858) 704-3716 ♦ Fax (858) 704-3850
admissions@sdja.com



Current Administrator Recommendation

To Parents: Please print child's name and give this form to your child's current Principal, Head of School or Guidance Counselor who will complete it and return it directly to the Admissions Office.

Student's name: _____ Applying for Grade _____ in Fall 20 _____

Our signatures below indicate that we understand that this is confidential recommendation is a required and important part of our child's admission application and we will not have access to it.

Parent/Guardian 1 Name (print): _____ Signature: _____ Date: _____

Parent/Guardian 2 Name (print): _____ Signature: _____ Date: _____

To the Administrator:

Please complete both sides of this form so we can evaluate this applicant effectively. Your observations assessing both academic and personal qualities of a student will assist us in our evaluation of this applicant. Please retain a copy of your complete recommendation for your files. The completed form may either be mailed in the stamped envelope provided by the student's parents or emailed to admissions@sdja.com. This recommendation will remain confidential and will not become part of the student's permanent record. We sincerely appreciate your cooperation.

Applicant Information

No Opportunity to Observe		Poor	Fair	Average	Good	Excellent	One of the Best Ever
	Academic achievement						
	Conduct						
	Integrity						
	Consideration of others						
	Social adjustment with peers						
	Stability						
	Attendance						

Family Information

No Opportunity to Observe		Poor	Fair	Average	Good	Excellent	One of the Best Ever
	Communication with school						
	Attendance at school functions						
	Cooperation with school rules						
	Cooperation with faculty/administration						
	Fulfillment of financial responsibilities						
	Participation in school community						
	Participation in child's education						

How long have you known this student and in what capacity?

Has this student ever been subject to any disciplinary action while attending your school? If yes, please explain:

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(Please use additional paper, if necessary)

Please share with us your observation about this student's academic ability, work habits, relationships with peers, classroom behavior, attitude and emotional maturity:

Please comment on this student's contribution to your school community and potential for leadership:

Please comment on the parents' expectations for their child. Please explain the way in which the family supports the policies of your school:

<i>I recommend this student:</i>	Not at All	With Reservation	Mildly	With Confidence	Enthusiastically
Academic ability and promise					
Character and personal promise					
Integrity					
Overall					

Please make any additional comments on this student:

Is there any additional information that can be better conveyed in a phone conversation? Yes No

Hours you are available: _____ to _____ AM/PM Phone: (____) _____

Administrator's name: _____ Email address: _____

School: _____ School Phone: _____

School address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Please send this recommendation via mail, fax or email to:

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Admissions Office
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Phone (858) 704-3716 ♦ Fax (858) 704-3850