



**Hillel Academy of Pittsburgh
Isadore Joshowitz Early Childhood Center**

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Teacher Recommendation Form

Name of Applicant: _____

Applying for Grade: _____ Beginning in the fall of: _____

To the Teacher:

Your thoughtful evaluation of this student will assist our Admissions Department and help provide information for the best placement for the applicant. The information will not become part of the student’s permanent record.

Please complete **both** sides of this form and return to the Hillel Academy office at your earliest convenience.

Thank you.

Teacher’s Name _____ Signature _____

Title/Position _____ Date _____

Name/Address of School _____

Email Address _____ Phone Number _____

How many days a week does he/she attend your program? _____ Time/Lengh of day? _____

How long have you known the applicant? _____

Social/Emotional Development	Exceeds Age Expectations	Age Appropriate	Still Developing	Comments
Ability to relate to peers				
Ability to relate to adults				
Ability to work independently				
Ability to work in a group				
Cooperation				
Respect for others				
Capacity to lead				
Capacity to follow				
Ability to make transitions				
Self-confidence				
Use of imagination				
Ability to share				
Demonstrates self-control				
Curiosity				
Ability to initiate activities				
Response to limits/direction				
Willingness to try new things				
Purposeful use of materials				

Cognitive Skill Development	Exceeds Age Expectations	Age Appropriate	Still Developing	Comments
Ability to follow directions				
Speech and language skills				
Ability to identify rhymes				
Ability to focus on task				
Mathematical concepts				
Completes task				
Ability to write own name				
Ability to solve problems				
expresses thoughts and ideas				
Listens in a group				
Vocabulary				
Physical Development	Exceeds Age Expectations	Age Appropriate	Still Developing	Comments
Small muscle development (cutting, coloring, etc...)				
Large muscle development (running, jumping, etc...)				

Please circle the words that describe this student:

Well-Liked	Anxious	Caring	Aggressive	Disobedient	Easily discouraged	Conscientious
Motivated	Honest	Influential	Irritable	Manipulative	Organized	Confident
Follower	Shy	Distractible	Responsible	Negative leader	Self-disciplined	Assertive
Over-protected	Articulate	Distracting	Self-centered	Positive leader	Perfectionist	Other _____

What are his/her areas of strength?

In what areas does he/she need to improve?

Please share your thoughts about your recommendation?

Parental expectations and attitude toward child:

Are the parents cooperative and involved in the school?

Exceptionally Cooperative Generally Cooperative Rarely Cooperative Rather Disinterested

Would you be willing to discuss this applicant by telephone if we have further questions? YES NO

Is there information about this applicant that would be better communicated by telephone? YES NO