



HILLEL ACADEMY OF PITTSBURGH
5685 Beacon Street Pittsburgh, PA 15217
(412) 521-8131 FAX: (412) 521-5150 admissions@hillelpgh.org

Judaic Studies Teacher Recommendation Form (Grades 1-12)

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 _____
Email Address _____ Phone Number _____
Class Size _____ Date _____
Name/Address of School _____

Please comment on the student's academic skills:

Please describe the student's strengths:

Please describe areas in need of development:

Please describe the student's interests:

Please describe the student's social skills:

Do you know any reason why this student could not thrive in our dual language program?

Additional Comments:

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