



**YULA GIRLS  
HIGH SCHOOL**

# RECOMMENDATION FORM

**STUDENT'S NAME:** \_\_\_\_\_

**APPLYING FOR GRADE:** \_\_\_\_\_

**INSTRUCTIONS TO STUDENTS OR PARENTS:**

Complete above and please give one form to the prospective student's Judaic Studies Teacher/Principal or General Studies Teacher/Principal. In each case, include a stamped envelope addressed to:  
Director of Admissions, YULA Girls High School, 1619 S. Robertson Blvd, Los Angeles, California 90035

**DIRECTIONS TO PRINCIPAL/TEACHER:**

The above-named student has selected you as a reference for admission to YULA Girls High School. Please complete this form and return it to YULA Girls High School by January 6, 2020. Thank you for your careful evaluation of this student. Your help makes it possible for our Admissions Committee to assess this student's qualifications for our school setting. *Please Note: This information is for the exclusive use of the YULA Girls Admissions Committee, which will respect your confidential comments.*

**NAME: (please print)** \_\_\_\_\_

Position: \_\_\_\_\_

School: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

1. In what capacity have you known this student?

\_\_\_\_\_  
\_\_\_\_\_

2. How long have you known this student?

\_\_\_\_\_  
\_\_\_\_\_

3. Are your classes tracked by ability level? If so, describe the ability level of the applicant.

\_\_\_\_\_  
\_\_\_\_\_

4. Does this student receive any educational support and/or modifications/accommodations? Please describe.

\_\_\_\_\_  
\_\_\_\_\_

5. Please share any additional information which you think might help our school make an informed decision.

\_\_\_\_\_  
\_\_\_\_\_

**Academic Qualities**

In relation to other students you have taught at this grade level, how would you rate this student in terms of:

	Outstanding	Above Average	Average	Below Average
Study Habits				
Academic Qualities				
Ability to Work Independently				
Ability to Work Cooperatively				
Ability to Organize & Communicate Ideas				
Attendance				
Motivation				
Respect				
Behavior in Class				

**Personal Qualities**

In relation to other students you have taught at this grade level, how would you rate this student in terms of:

	Outstanding	Above Average	Average	Below Average
Leadership				
Peer Relationships				
Sense of Humor				
Creativity				
Concern for Others				
Integrity				
Taking Responsibility for Own Actions				
Parental Attitude and Cooperation				
Compliance with School Rules				

Please share any additional comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Academic Performance**

Based on past academic performance please recommend the appropriate placement for the applicant. You may need to consult with department chairs and/or classroom teachers.

	High	Average	Low	Not Applicable
Chumash				
Navi				
Hebrew Language				
Dinim				
Math				
Science				
English				
History				

**Student's Religious Observance**

	Yes	No	Don't Know
Shabbat & Kashrut			
Tzniut			
Religious Commitment			
Proper Speech			
Tefilah			
Family Support			

Please comment on the applicant's academic and personal strengths. \_\_\_\_\_  
 \_\_\_\_\_

Please comment upon the applicant's academic and personal weaknesses. \_\_\_\_\_  
 \_\_\_\_\_