

Recommendation Form

Candidate's Name _____

Recommender's Name _____

To the Candidate: Please submit this form to two teachers who have known you for two years.

To Whom It May Concern: The student whose name appears above is a candidate for admission to Midreshet Eshel. The completed form may be returned to:

Fax:

011-972-2-966-6625

Mail:

Midreshet Eshel
54 Misgav Ladach
Old City, Jerusalem
97500

Email:

office@midresheteshel.org

The contents of this form will be kept entirely confidential:

Candidate's emotional maturity _____

Candidate's academic ability _____

Candidate's leadership qualities, ability to function independently, and other general comments

Candidate's level of motivation _____

Candidate's religious motivation _____

Are you aware of any medical issues that the student suffers from? _____

When you think of the candidate, what are the first three adjectives that come to mind?

1) _____ 2) _____ 3) _____

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Candidate's Name _____

Recommender's Name _____

Please check the most appropriate answer:

Attribute	Always	Often	Sometimes	Rarely	Never	No Data
Takes initiative						
Leader of peers						
Shows flexibility						
Participates well in class						
Participates well in informal activities						
Willing to help others						
Considerate of others						
Relates properly to teachers						
Exhibits a warm, caring personality						
Copes well with setbacks						
Accepts personal responsibility						
Is honest and straightforward						
Is modest in appearance and manner						

	Below Average	Average	Good	Very Good	Excellent	No Data
Academic ability						
Critical and questioning attitude						
Pursuit of independent study						
Academic motivation						
Disciplined work habits						
Self confidence						
Interest in religious growth						