

Atlanta Jewish Academy

Jewish Professional Recommendation

Thank you for taking the time to share your thoughts with us. We value your input and perspective.

Please print in ink. Please use additional paper if needed. Please return completed form to:

Erica Gal, Director of Admissions

Atlanta Jewish Academy, 5200 Northland Drive Atlanta, GA 30342

All comments will be held in strictest confidence; information will be used only for admissions purposes and will not become part of the student's permanent record file.

Student's Name	:						
	First	Middle		Last			
Your Name:							
	First	Last					
1. How long hav	ve you known this stud	lent and in what	capacity?				
2. Please list the	e subject taught and le	vel of difficulty:					
3 Please check	the category that best	annlies to the st	udent:				
J. Hease eneck	the category that best	upplies to the st	Above		Below		
		Exceptional	Average	Average	Average		
Academic poter Academic perfo Classroom Beha Relationship wit Relationship wit Adult and socia	rmance avior th peers th family I interaction					in and assial	
	role Judaism plays in t ffer concrete examples		. Please cor	nment with	respect to acaden	nics and social	
	ent on the character st ty, responsibility, lead						

6. In your opinion, is this	student interested in being i	in a Jewish day school env	ironment?		
Mark the level below:					
Very Interested					
Interested					
Indifferent					
Not Interested					
Really Not Interested					
Thank you for completing	g the Jewish Professional Reco	ommendation.			
Signature		Please Print Nar	Please Print Name		
Name of School					
Street	City	State	Zip	Count	
Phone Number			Day	Year	

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If you have any questions, please contact Erica Gal at 678-298-5377