



עטרת בנות איטא
ATERES BNOS ITA

Applicant's Name _____

Recommender's Name _____

To the Candidate: Please print your name on the above line and submit copies of this form to your principal and one teacher, or two teachers that have known you for the past two years.

Recommendation Form

To whom this may concern: The student above is applying for admission to Ateres Bnos Ita. Kindly fill out this form based on your relationship with her. The completed form must be returned directly to Ateres in a sealed envelope or emailed to office@atereslv.org.

The contents of this form will be kept entirely confidential.

How long have you known the applicant and in what capacity?

Applicant's emotional maturity:

Applicant's academic maturity:

Applicant's leadership qualities, ability to function independently, general health:

Applicant's motivation:

Applicant's ability to relate to teachers and peers:

Applicant's religious motivation:

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

Please check the most appropriate answer						
Quality	Always	Often	Sometimes	Rarely	Never	Does not apply
Takes Initiative						
Leader of peers						
Shows flexibility						
Participates well in class						
Participates well in informal activities						
Willing to help others						

Quality	Always	Often	Sometimes	Rarely	Never	Does not apply
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 manner and appearance						
Contributes to a positive Torah atmosphere						
Please check the most appropriate answer						
	Below Average	Average	Good	Very Good	Excellent Top 15%	No Data
Academic Ability						
Critical and questioning skills						
Pursuit of independent study						
Academic motivation						
Disciplined work habits						
Self-confidence						

	Below Average	Average	Good	Very Good	Excellent Top 15%	No Data
Desire for religious growth						

If you have any additional comments or observations that you feel would be helpful for the admissions process, please add comments below:

Name (Please print) _____ Date _____

Signature _____

School and Position _____

Phone Number _____ Email _____