

## TEACHER RECOMMENDATION

This form must be completed by a teacher of your choice from your current school.

### **Instructions for the Applicant**

Please print your name and school below, have your parent or guardian sign, and give this form and a return envelope to the teacher of your choice.

Applicant's Name \_\_\_\_\_ (Korean Name)

\_\_\_\_\_ (Preferred Name)

Current School Name \_\_\_\_\_

School Address \_\_\_\_\_

### **Instructions for the Parent/Guardian**

Please read and sign the following statement: ***I acknowledge that I waive my right to read the confidential teacher recommendation for the student listed above.***

Name of parent/guardian \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

### **Instructions for the Recommender**

This student is a candidate for admission to Jeshurun Christian School. Please complete this recommendation in its entirety, **make a copy for your records**, and send the original to: Jeshurun Christian School, 1800 E. Genesee St., Syracuse, NY 13210, USA. Or email to: [info@jeshurunchristianschool.org](mailto:info@jeshurunchristianschool.org) or [jeshurun.christian.school@gmail.com](mailto:jeshurun.christian.school@gmail.com). Thank you.

1. In what subjects and during which academic years have you taught the applicant? (Please indicate the class and dates.) In what other contexts have you known the applicant?

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2. In relation to others whom you have known in the applicant's age group, please assess the applicant based on the following scale. Check the appropriate box for each category:

**ACADEMIC EVALUATION**

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	<b>Below Average</b>	<b>Average</b>	<b>Good</b>	<b>Excellent</b>	<b>Outstanding</b>	<b>N/A</b>
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to hand in work on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort/persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imagination/creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Evaluation as a Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CHARACTER EVALUATION**

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	<b>Below Average</b>	<b>Average</b>	<b>Good</b>	<b>Excellent</b>	<b>Outstanding</b>	<b>N/A</b>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision-Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Influence on Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Global Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Evaluation as a Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. What are the first three words that come to mind to describe this student?

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4. What special gifts or abilities have you seen developing in this student?

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5. Are there particular strengths of which you feel the admission committee should be aware?

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6. Are there particular weaknesses of which you feel the admission committee should be aware?

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7. Describe how you see the student's relationship with his/her parents from your perspective. Provide examples if necessary.

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8. Should the school be aware of any health problems (physical or emotional)?

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9. Number of absences this academic year: \_\_\_\_\_. If absences are excessive, please explain:

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10. Has the student ever had scholastic difficulties? Yes  No

11. Has the student ever had social or emotional difficulties? Yes  No

12. Has the student ever been dismissed, suspended, placed on probation, or received other significant disciplinary sanction? Yes  No

13. Has he or she withdrawn from school voluntarily for an extended period of time for reasons other than health? Yes  No

**If the answer to any of the above 4 questions is yes, please provide a full explanation on a separate piece of paper and attach it to this form.**

Please add any additional comments you may have concerning the applicant's admission to JCS:

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I recommend this application for admission to JCS:

Enthusiastically     Strongly     With Reservations     Not at all

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zipcode \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

\* The submitted materials become the property of JCS and will not be returned.

\* Contact: [info@jeshurunchristianschool.org](mailto:info@jeshurunchristianschool.org), [jeshurun.christian.school@gmail.com](mailto:jeshurun.christian.school@gmail.com) or 1-315-474-8346