



# THE ROHR BAIS CHAYA ACADEMY AT THE KODSI CAMPUS

## Principal/Counselor Recommendation Form

Student Name: \_\_\_\_\_

Please place check marks at the points that represent your evaluation of the student in comparison to other students in her age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

	One of the top few I have ever encountered	Excellent (top 10% this year)	Good (above average)	Average	Below average	No basis for judgment
Academic Potential						
Academic Achievement						
Effort/Determination						
Ability to Work Independently						
Organization						
Creativity						
Concern for Others						
Honesty/Integrity						
Positivity						
Self-esteem						
Maturity (relative to age)						
Rule Follower						
Chassidische Hanhagos						
Yiras Shamayim						
Tznius						
Derech Eretz						
Responsibility						
Emotional Stability						
Overall Evaluation as a Person						
Overall Evaluation as a Student						

If the student is relatively weak or strong in any areas listed above, please elaborate.

Please comment on this student's character, citizenship, and contributions to your community.

Please provide any additional information that will give us a more complete picture of the student.

*Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the students application.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name

\_\_\_\_\_  
Contact Number

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