



RECOMMENDATION FORM HEAD OF SCHOOL / PRINCIPAL

DAVID POSNACK JEWISH DAY SCHOOL PAUL AND MAGGIE FISCHER HIGH SCHOOL

Student's Name _____ Applying for Grade _____

ACADEMIC DEVELOPMENT	WEAK	FAIR	GOOD	EXCELLENT	EXCEPTIONAL
Motivation	1	2	3	4	5
Attitude	1	2	3	4	5
Participation	1	2	3	4	5
Achievement	1	2	3	4	5
Reaction to criticism	1	2	3	4	5
Self confidence	1	2	3	4	5
Concern for others	1	2	3	4	5
Reaction to setbacks	1	2	3	4	5
Personal conduct	1	2	3	4	5
Personal integrity	1	2	3	4	5
General emotional stability	1	2	3	4	5
General level of maturity	1	2	3	4	5
Sense of humor	1	2	3	4	5
Perseverance	1	2	3	4	5

Please provide your assessment of the student's integrity:

Please describe the student's relationships with peers:

Please describe the student's interactions with adults:

Please describe any disciplinary issues pertaining to this student:

Please tell us anything else you can about the candidate which will help us understand him or her better as a student and as a person:

Did your school make any special accommodations for this student? If so, please explain in detail:

Has the student missed more than 10 days of school during any school year? _____ If so why? _____

How long have you known the applicant? _____

I recommend this candidate for admission to Posnack School

with great enthusiasm with confidence with reservation I do not recommend

Print name _____

Position _____

School _____

School Phone Number _____

Signature _____

Date _____

Telephone _____

Please call me to discuss this applicant further Yes No

or e-mail me at: _____

Thank you for your assistance.

PLEASE MAIL THIS COMPLETED FORM TO THE ADDRESS BELOW OR EMAIL TO INFO@POSNACKSCHOOL.ORG



K-12 COLLEGE PREPARATORY SCHOOL

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