

JEWISH PROFESSIONAL RECOMMENDATION FORM

2012 - 2013

Parents: Please fill in the applicant's name and the grade for which he/she is applying. Submit this form and a stamped envelope to an adult with whom your child has interacted within the Jewish community (rabbi, Jewish studies teacher, youth group advisor, etc). He/she should return this directly to the Office of Admission at The Shoshana S. Cardin School.

APPLICANT'S NAME

APPLYING FOR GRADE

TELEPHONE #

To the Jewish Community Professional: The student above is a candidate for admission to The Shoshana S. Cardin School. We ask that you complete this form to help us in our admission process. Your candid response will enable us to evaluate the applicant for admission to our dual-curriculum program.

Please complete all of the questions in the space provided or on additional sheets of paper. We are looking for insight to help us to evaluate this student's abilities and level of maturity. Please return your recommendation by January 13, 2012 directly to:

Director of Admission
The Shoshana S. Cardin School
7310 Park Heights Avenue
Baltimore, MD 21208

How long have you known the applicant? _____

Describe the activities and context in which you work with the student. Include a description of the setting, your role, the student's role, and the length of time you have worked with him/her in this activity.

Please comment on the character and personal qualities that make this young person special.

How does the student manifest his/her Jewish identity?

Are there any Jewish subjects in which the applicant, to your knowledge, takes a special interest?

What is the student's attitude towards participating in a dual-curriculum program? Is he/she open to exploring the formal and informal Jewish educational opportunities provided by The Shoshana S. Cardin School?

Do you know of any reasons that would prevent this applicant from being successful at The Shoshana S. Cardin School?

Letters of recommendation, including the comments and information provided by the student's teachers, principal, and acquaintances, are held in confidence by The Shoshana S. Cardin School and will not be disclosed to any third parties, including the student and the student's family. They are used only for admission purposes and will not become part of the student's permanent file.

Thank you for taking the time to complete this recommendation.

- Please contact me to further discuss this student.
- I would like to learn more about your program! Please contact me to schedule a visit to The Shoshana S. Cardin School.

NAME (PRINT) _____ POSITION _____

SCHOOL / SYNAGOGUE _____ TELEPHONE _____

EMAIL ADDRESS(ES) _____

ADDRESS _____ CITY / STATE / ZIP _____

SIGNATURE _____ DATE _____