

## Hebrew Principal's Confidential Report on Applicant

Kindly answer the questions below and mail this report to us along with a transcript of all the student's grades standardized test scores, non-scholastic records, and one letter of recommendation from an administrator or teacher in the Hebrew department.

Student: \_\_\_\_\_  
                     Last name                      First name                      Middle name                      Hebrew name

Grade level completed: \_\_\_\_\_ Indicate proficiency or grade in each of the following subjects.

\_\_\_\_\_ חומש עם פרש"י    \_\_\_\_\_ גמרא עם פרש"י    \_\_\_\_\_ תוספות    \_\_\_\_\_ מפרשים    \_\_\_\_\_ נ"ך    \_\_\_\_\_ לשון הקודש ודקדוק

In your opinion, taking into account the applicant's total performance at your school, will the applicant be:

a below average student                       an average student                       a good student                       a superior student

Kindly check the appropriate box on the chart below to indicate the student's rating in each of the following:

	Excellent	Very good	Good	Satisfactory	Poor
Acceptance of authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conformity to school regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intelligence	<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"/>
Level of Achievement	<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"/>
Relationship with faculty	<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"/>

Menahel's Signature \_\_\_\_\_ Date \_\_\_\_\_

School name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

For Office Use Only

Interviewed by: \_\_\_\_\_

Examination \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_