



Admission Office  
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## Judaic Teacher Recommendation Form

(for students applying to grades 6-12)

**To the Parent:** Please print the student's name and give this form to the current Judaic teacher, tutor or mentor.

**To the Teacher:** This information will only be used for admission purposes and will remain confidential. It will not be shared with the student's parents, and will not become a part of the student's permanent file. Please submit this form to Denver JDS.

Student's Name \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

School \_\_\_\_\_ Phone Number \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Please check the appropriate box:

Please rate student interest in the following areas:						
	Very Interested	Interested	Mildly Interested	Not Interested	N/A	Comments
Hebrew Language						
Jewish Community						
Jewish Experiences						
Judaic Studies						

How long have you known this student: \_\_\_\_\_

In what capacity have you known this student: \_\_\_\_\_

Is there any reason why the student should not succeed in Hebrew language or Judaic studies classes? \_\_\_\_\_

In the space on the back of this page, please comment on the applicant's academic ability, motivation and anything else which you feel will give us the most complete picture of his or her ability and motivation as a student.