FOR THE APPLICANT:

Please fill in your name where required and give to your Teacher to send directly to the TBY office.

TEACHER'S CONFIDENTIAL REPORT ON APPLICANT

Dear Teacher: Thank you for your cooperation in completing this recommendation form. The information given will be held in strict confidence. Please send this page to the address below. Thank you for your time and your honesty.

NAME OF APPLICANT: _____ NAME OF SCHOOL: _____

Please circle the description most aptly describing the applicant in each category:

SCHOLASTIC ABILITY:	Learns slowly	Average	Above Average	Outstanding Ability
INDUSTRY & EFFORT:	Usually Indifferent	Average	Hard Worker	Exceptionally Diligent
CONTRIBUTES TO CLASS DISCUSSION:	Rarely	Sometimes	Usually Involved	Very Vocal And Involved
INVOLVEMENT IN SCHOOL ACTIVITIES:	Not Very Much	Somewhat	Usually Involved	Very Active and a Leader
PUNCTUALITY:	Often Late	Sometimes Late	Usually On Time	Always On Time
TZNIYUS:	Lacking	Careless At Times	Always Dressed Properly	Exemplary
APPLICATION TOWARDS PERSONAL GROWTH:	Not A Priority	Somewhat Interested	Important Part of Academic Experience	Very Focused On Growth
ATTITUDE:	Often Dissatisfied	Occasionally Moody	Positive	Upbeat And Cheerful
DEALING WITH AUTHORITY:	Difficult To Work With	Generally Follows Rules	Cooperative And Obliging	Mature, Responsive And Respectful
DEALINGS WITH PEERS:	Difficult To Get Along With	Generally Gets Along With Others	Socially Well Adjusted	Leader Of Peers

Please help us understand this applicant by writing a few lines about her. If you prefer to respond on your school letterhead, please attach it to this sheet. Thank you.

_____

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Name of Teacher: _____ Signature of Teacher: _____

Contact number and/or e-mail: _____

Please mail to: Tiferes Bais Yaakov, 85 Stormont Avenue Toronto, ON, M5N 2C3

Or e-mail to: secretary@tbyhs.org **or fax to:** 416.785.4046