

PROZDOR

THE HIGH SCHOOL OF HEBREW COLLEGE

Prozdor Reference

To be filled out by Education Director, Rabbi or Head of School
For 4- to 6-hour students only

All responses will remain strictly confidential.

**This form is due in
the Prozdor office by
May 1, 2010.**

Please return to:

Prozdor High School
160 Herrick Road
Newton Centre, MA 02459

(p) 617-559-8800

(f) 617-559-8801

Student's name _____

Grade as of 9/10 _____

Synagogue affiliation _____

Name of religious school _____

Name of day school _____

Name of person filling out this reference _____

Title _____

The student named above would like to attend Prozdor at Hebrew College. Please take a few minutes to answer the following questions with complete candor. Please try to give us as much detail as possible.

1. What is the student's attitude toward religious school/Judaic studies?

2. What are the student's strengths?

3. Have there been any attendance or behavioral issues with this student?

4. Have there been any learning issues with this student?

Continued on back

5. Is the student active in youth activities at the synagogue level?

6. Are there any reasons to think that this student will not be successful at Prozdor?

Signature _____ Date _____

Please have the student's current teacher (one is sufficient) answer these questions.

1. What subjects and textbooks are the student currently studying?

2. How many hours a week does this student study Hebrew language? _____

3. The student's achievement level in these classes is:

Hebrew	Excellent	Good	Fair	Poor	N/A
Reading comp.	Excellent	Good	Fair	Poor	N/A
Writing	Excellent	Good	Fair	Poor	N/A
Grammar	Excellent	Good	Fair	Poor	N/A
Conversation	Excellent	Good	Fair	Poor	N/A
Rabbinics	Excellent	Good	Fair	Poor	N/A
Bible	Excellent	Good	Fair	Poor	N/A
Jewish history	Excellent	Good	Fair	Poor	N/A

4. Further comments about this student:

Teacher's signature _____ Date _____