



**HEBREW HIGH SCHOOL OF NEW ENGLAND
PRINCIPAL OR GUIDANCE COUNSELOR RECOMMENDATION**

Instructions to the Applicant's Parents/Guardians: After completing the section below, please read and sign the Confidentiality Statement. Then give this form to your child's principal or guidance counselor along with an envelope addressed to: HHNE, Attn: Admissions, 300 Bloomfield Avenue, West Hartford Hartford, CT 06117.

Applicant's Full Legal Name _____ Current Grade Level _____

I hereby authorize release of information requested by Hebrew High School of New England for my child's application.

Signature of Parent/Guardian _____ Date _____

Confidentiality Statement:

Under the provisions of the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), you have the right to review your child's educational records, including admission records, if your child enrolls at the Hebrew High School of New England. If you wish your child's recommendations to be submitted on a confidential basis, you may waive your right of access. Access to admission records is not provided during the admission process to any applicant. Access to admission records is not provided at any time to those who are denied admission or who decline an offer of admission to the Hebrew High School of New England. Your decision to waive or not to waive your right of access will have no bearing on the handling of your child's application by the Admission Committee. You must sign your name below after checking the appropriate response.

I waive I do not waive any right of access that I may have to this recommendation form.

Signature of Parent/Guardian _____ Date _____

Instructions to the principal or guidance counselor: Thank you for taking the time to supply the requested information. This will greatly help us in assessing if our school is an appropriate educational setting for the applicant. Should you wish to discuss the applicant in more detail, we would welcome your call at 860-231-0317.

The Hebrew High School of New England is an independent day school enrolling young men and women entering grades 9-12. The academic program is demanding and is structured to prepare students for admission to selective colleges and universities. The Hebrew High School of New England seeks to enroll students of strong character who will make both academic and extracurricular contributions to the School.

School Name _____ Date Entered _____ Date Leaving _____

School Address _____ School Phone _____

Please evaluate the applicant in comparison to other students of the same grade:

Academic Qualities

	Excellent	Good	Average	Below Average	Poor
Academic Capacity					
Academic Performance					
Intellectual Curiosity					
Motivation					
Originality					
Work Habits					

Please evaluate the applicant in the following areas in comparison to other students of the same age.

Personal Qualities

	Excellent	Good	Average	Below Average	Poor
Character and Integrity					
Sense of Responsibility					
Independence					
Self-confidence					
Warmth of Personality					
Sense of Humor					
Emotional Stability					
Manner and Appearance					
Self-discipline and Conduct					
Reaction to Criticism					
Reaction to Setbacks					
Leadership Potential					
Relations with Adults					
Ability to Withstand Peer Pressure					
Concern for Others					

Please comment further on the applicant's most notable strengths and weaknesses.

Please provide us with your evaluation of the applicant's parents'/guardians' support of their child's education, their timeliness in submitting documents and payments, and their interactions with teachers and staff.

Has the applicant ever been suspended or expelled from your school? No Yes (If yes, please explain below.)

Has the applicant been identified for any special educational services, etc.? (If yes, please describe.)

Your Name _____

Your Title _____

May we contact you if we have further questions? Yes No

If yes, what phone number should we use? _____

When is the most convenient time to reach you? _____

Your Signature _____ Date _____



**HEBREW HIGH SCHOOL OF NEW ENGLAND
MATH TEACHER RECOMMENDATION FORM**

Instructions to Applicant's Parents/Guardians: After completing the section below, please read and sign the Confidentiality Statement. Then give this form to your child's **current** math teacher along with an envelope addressed to: HHNE, Attn: Admissions, 300 Bloomfield Avenue, West Hartford, CT 06117.

Applicant's Full Legal Name _____ Current Grade Level _____

I hereby authorize release of information requested by Hebrew High School of New England for my child's application.

Signature of Parent/Guardian _____ Date _____

Confidentiality Statement:

Under the provisions of the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), you have the right to review your child's educational records, including admission records, if your child enrolls at the Hebrew High School of New England. If you wish your child's recommendations to be submitted on a confidential basis, you may waive your right of access. Access to admission records is not provided during the admission process to any applicant. Access to admission records is not provided at any time to those who are denied admission or who decline an offer of admission to the Hebrew High School of New England. Your decision to waive or not to waive your right of access will have no bearing on the handling of your child's application by the Admission Committee. You must sign your name below after checking the appropriate response.

I waive I do not waive any right of access that I may have to this recommendation form.

Signature of Parent/Guardian _____ Date _____

Instructions to the math teacher: The above named student has applied for admission to the Hebrew High School of New England for the upcoming school year. We would like you, as someone who has had an opportunity to work closely with this student, to complete and return this form by January 31 of the current school year. Please be as complete and candid as possible. We thank you in advance for providing us with the requested information, as your comments will be particularly helpful to us in evaluating whether our school is an appropriate educational setting for the applicant. Should you wish to discuss the applicant in more detail, we would welcome your call at 860-231-0317.

Course Information

Course Title _____ Course Level _____

This course [is is not] sectioned according to ability. If the course is sectioned, this applicant is enrolled in the _____ section of _____ sections.

Title of Text _____ Author _____

By June, we will have completed _____ of _____ chapters.

Major concepts covered this year include _____

Within his/her current school system, for which math course would the applicant be recommended next year? (If applicant is currently in the highest grade level of his/her current school, please indicate the math course for which you would recommend the applicant in his/her next school.) _____

Please evaluate the applicant in comparison to other students of the same grade:

	Excellent	Good	Average	Below Average	Poor
Motivation					
Intellectual Curiosity					
Work Habits					
Academic Capacity					
Academic Performance					
Class/Test Preparation					
Computational Skills					
Problem Solving Skills					
Skill Retention					

Please comment further on the applicant's mathematical strengths and weaknesses. What level do you expect the applicant to reach by graduation from high school?

Personal Qualities:

Please list five words that come to mind when you think of this applicant.

Please evaluate the applicant in comparison to other students of the same age:

	Excellent	Good	Average	Below Average	Poor
Character and Integrity					
Self-Discipline and Conduct					
Responsibility					
Emotional Stability					
Leadership					
Concern for Others					

Please comment further on the applicant's most notable personal strengths and weaknesses.

Overall Recommendation:

	Without Reservation	Strongly Recommend	Recommend	With Reservation	Do Not Recommend
As a Person					
As a Student					

Your Name _____

Your Title _____

Your Signature _____

May we contact you if we have further questions? Yes No

If yes, what phone number should we use? _____

When is the most convenient time to reach you? _____

Date _____

E**HEBREW HIGH SCHOOL OF NEW ENGLAND
ENGLISH TEACHER RECOMMENDATION FORM**

Instructions to Applicant's Parents/Guardians: After completing the section below, please read and sign the Confidentiality Statement. Then give this form to your child's **current** English teacher along with an envelope addressed to: HHNE, Attn: Admissions, 300 Bloomfield Avenue, West Hartford, CT 06117.

Applicant's Full Legal Name _____ Current Grade Level _____

I hereby authorize release of information requested by Hebrew High School of New England for my child's application.

Signature of Parent/Guardian _____ Date _____

Confidentiality Statement:

Under the provisions of the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), you have the right to review your child's educational records, including admission records, if your child enrolls at the Hebrew High School of New England. If you wish your child's recommendations to be submitted on a confidential basis, you may waive your right of access. Access to admission records is not provided during the admission process to any applicant. Access to admission records is not provided at any time to those who are denied admission or who decline an offer of admission to the Hebrew High School of New England. Your decision to waive or not to waive your right of access will have no bearing on the handling of your child's application by the Admission Committee. You must sign your name below after checking the appropriate response.

 I waive I do not waive any right of access that I may have to this recommendation form.

Signature of Parent/Guardian _____ Date _____

Instructions to the English teacher: The above named student has applied for admission to the Hebrew High School of New England for the upcoming school year. We would like you, as someone who has had an opportunity to work closely with this student, to complete and return this form by January 31 of the current school year. Please be as complete and candid as possible. We thank you in advance for providing us with the requested information, as your comments will be particularly helpful to us in evaluating whether our school is an appropriate educational setting for the applicant. Should you wish to discuss the applicant in more detail, we would welcome your call at 860-231-0317.

Course Information

Course Title _____ Course Level _____

This course [is is not] sectioned according to ability. If the course is sectioned, this applicant is enrolled in the ____ section of ____ sections.

Title of Text _____ Author _____

By June, we will have completed ____ of ____ chapters.

Major concepts covered this year include _____

Within his/her current school system, for which English course would the applicant be recommended next year? (If applicant is currently in the highest grade level of his/her current school, please indicate the course for which you would recommend the applicant in his/her next school.) _____

Please evaluate the applicant in comparison to other students of the same grade:

	Excellent	Good	Average	Below Average	Poor
Motivation					
Intellectual Curiosity					
Work Habits					
Academic Capacity					
Academic Performance					
Class/Test Preparation					
Analytical Skills					
Problem Solving Skills					
Skill Retention					

Please comment further on the applicant's most notable strengths and weaknesses in reading, writing, and speaking skills. _____

Personal Qualities:

Please list five words that come to mind when you think of this applicant.

Please evaluate the applicant in comparison to other students of the same age:

	Excellent	Good	Average	Below Average	Poor
Character and Integrity					
Self-Discipline and Conduct					
Responsibility					
Emotional Stability					
Leadership					
Concern for Others					

Please comment further on the applicant's most notable personal strengths and weaknesses.

Overall Recommendation:

	Without Reservation	Strongly Recommend	Recommend	With Reservation	Do Not Recommend
As a Person					
As a Student					

Your Name _____

Your Title _____

Your Signature _____

May we contact you if we have further questions? Yes No

If yes, what phone number should we use? _____

When is the most convenient time to reach you? _____

Date _____



**HEBREW HIGH SCHOOL OF NEW ENGLAND
JUDAIC TEACHER OR RABBI RECOMMENDATION FORM**

Instructions to Applicant's Parents/Guardians: After completing the section below, please read and sign the Confidentiality Statement. Then give this form to your child's **current** Judaic teacher, or if your child is not currently involved in a formal program of Jewish learning, his/her Rabbi or Youth Director, along with an envelope addressed to: HHNE, Attn: Admissions, 300 Bloomfield Avenue, West Hartford, CT 06117.
Applicant's Full Legal Name _____ Current Grade Level _____

I hereby authorize release of information requested by Hebrew High School of New England for my child's application.

Signature of Parent/Guardian _____ Date _____

Confidentiality Statement:

Under the provisions of the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), you have the right to review your child's educational records, including admission records, if your child enrolls at the Hebrew High School of New England. If you wish your child's recommendations to be submitted on a confidential basis, you may waive your right of access. Access to admission records is not provided during the admission process to any applicant. Access to admission records is not provided at any time to those who are denied admission or who decline an offer of admission to the Hebrew High School of New England. Your decision to waive or not to waive your right of access will have no bearing on the handling of your child's application by the Admission Committee. You must sign your name below after checking the appropriate response.

I waive I do not waive any right of access that I may have to this recommendation form.

Signature of Parent/Guardian _____ Date _____

Instructions to the Judaic teacher, Rabbi, or Youth Director: The above named student has applied for admission to the Hebrew High School of New England for the upcoming school year. We would like you, as someone who has had an opportunity to work closely with this student, to complete and return this form by January 31 of the current school year. Please be as complete and candid as possible. We thank you in advance for providing us with the requested information, as your comments will be particularly helpful to us in evaluating whether our school is an appropriate educational setting for the applicant. Should you wish to discuss the applicant in more detail, we would welcome your call at 860-231-0317.

School or Institution Name _____ City _____ State _____

Course Information (if applicable)

Course Title _____ Course Level _____

This course [is is not] sectioned according to ability. If the course is sectioned, this applicant is enrolled in the _____ section of _____ sections.

Title of Text _____ Author _____

Major concepts covered this year and major areas of study include _____

Within his/her current school system, for which Judaic level would the applicant be recommended next year? (If applicant is currently in the highest grade level of his/her current school, please indicate the level for which you would recommend the applicant in his/her next school.) _____

Please evaluate the applicant in comparison to other students of the same grade:

	Excellent	Good	Average	Below Average	Poor
Motivation					
Intellectual Curiosity					
Work Habits					
Academic Capacity					
Academic Performance					
Class/Test Preparation					
Analytical Skills					
Problem Solving Skills					
Skill Retention					

Please comment further on the applicant's most notable strengths and weaknesses in Judaic studies and practice.

Personal Qualities:

Please list five words that come to mind when you think of this applicant.

Please evaluate the applicant in comparison to other students of the same age:

	Excellent	Good	Average	Below Average	Poor
Character and Integrity					
Self-Discipline and Conduct					
Responsibility					
Emotional Stability					
Leadership					
Concern for Others					

Please comment further on the applicant's most notable personal strengths and weaknesses.

Overall Recommendation:

	Without Reservation	Strongly Recommend	Recommend	With Reservation	Do Not Recommend
As a Person					
As a Student					

Your Name _____

Your Title _____

Your Signature _____ Date _____

May we contact you if we have further questions? Yes No

If yes, what phone number should we use? _____

When is the most convenient time to reach you? _____



**HEBREW HIGH SCHOOL OF NEW ENGLAND
TRANSCRIPT REQUEST FORM**

Instructions to the Applicant's Parents/Guardians:

After completing the section below, please submit this form, along with an envelope addressed to: HHNE, Attn: Admissions, 300 Bloomfield Avenue, W. Hartford, CT 06117, to the guidance department or main office of your child's current school. Please note that records must be sent **directly** to the Hebrew High School of New England from the current school.

Applicant's Full Legal Name _____ Current Grade Level _____

I hereby authorize release of the information requested below to the Hebrew High School of New England for my child's application.

Signature of Parent/Guardian _____ **Date** _____

Instructions to the school official: The above named student has applied for admission to the Hebrew High School of New England for the upcoming school year. Please send the following materials, together with this completed form, directly to the school by March 31 of the current school year:

- 1) the most recent set of grades and teacher comments from the current school year
- 2) last year's report card
- 3) any standardized testing results that are part of the applicant's school record
- 4) all psychological and educational evaluations and planning documents that are part of the applicant's school record
- 5) attendance report

School Name _____ Date Entered _____ Date Leaving _____

School Address _____ School Phone _____

City _____ State _____ Zip Code _____ School Official Providing Transcript _____