



MAGEN DAVID YESHIVAH
Admissions Office
2130 McDonald Avenue
Brooklyn, NY 11223
718-269-4076
Fax: 718-942-6562
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GENERAL STUDIES TEACHER RECOMMEDATION FORM

STUDENT NAME: _____ **CURRENT SCHOOL:** _____

PARENTS: Please give this recommendation form to your child's General Studies teacher.

TEACHER: Thank you for taking the time to complete this recommendation form. Please return this form directly to our Admissions Office. All information is confidential and will be used only for admissions purposes.

NAME OF TEACHER: _____ **CLASS SIZE:** _____

Please comment on the student's academic skills. _____

Please describe the student's strengths. _____

Please describe areas in need of development. _____

Please describe the student's interests. _____

Please describe the student's social skills. _____

Do you know any reason why this student could not thrive in our dual language program?

Additional Comments: _____

TEACHER SIGNATURE _____ **DATE** _____

Please return to:

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