



NATIONAL JEWISH COUNCIL FOR DISABILITIES
11 Broadway 13th Floor, New York, NY 10004
212-613-8369 F: 212-613-0796 braunn@ou.org www.njcd.org

Yad B'Yad Israel

RECOMMENDATION FORM

To be completed by a school official.

Applicant's name: _____
Last First

School Attending _____ Phone number () _____ ~ _____

A. How long and in what capacity have you known the applicant?

B. The young person listed above has applied for participation in the Yad B'Yad leadership training program. Would you please offer your impressions of the candidate in the following areas, and especially as they relate to their participation in this intensive program.

1) Maturity

2) Ability to follow instructions

3) Interpersonal skills

Applicant's Name _____

C. Please choose two positive adjectives that would best describe the applicant and indicate why you chose these in particular.

1. _____

2. _____

D. Please choose two negative adjectives that would best describe the applicant and indicate why you chose these in particular.

1. _____

2. _____

E. Overall Impression and Recommendation:

Name _____ Title _____

Address _____ City _____ State _____

Zip _____ Phone Day _____ Phone Evening _____

Signature _____

To be completed by person whose signature appears above and returned directly to:

Yachad Summer Programs • Attn: Ahuva Stern
11 Broadway 13th floor • New York, NY 10004
(212) 613-8376 Fax: (212) 613-0796 sterna@ou.org