

School name:

Torah High School of San Diego Confidential <u>English</u> Teacher Recommendation

To the Parent Please print your child's name and submit this form to your child's current English teacher. Applicant's name: ___ _____ Applying to enter grade: ____ in the fall of: 20____ First Last To the Teacher Please complete the form below which. This recommendation will remain confidential and will not become part of the student's permanent record. We sincerely appreciate your cooperation. **Application Information** One of the best Excellent Poor Fair Average Good ever Ability to act independently Ability to work cooperatively Attention span Concern for others Creativity Critical & abstract thinking skills Development of ideas Effectiveness of writing Hands in homework or assignments on time Intellectual curiosity Personal conduct (in class) Reading comprehension Self-confidence Study Habits Is there any additional information that can be better conveyed in a phone conversation? \Box Yes \Box No Phone: (_____) Hours you are available: _____ to ____ AM/PM Teacher's name: _____

Please return this completed and signed form to: Torah High School of San Diego Director of Admissions 9001 Towne Centre Drive, San Diego, CA 92122 Phone: (858) 558-6880 Fax: (858) 558-6835

Signature: _____ Date: _____