

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

To the Parent Please print your child's name and submit this form to your child's current Math teacher. Applicant's name: _____ ____ Applying to enter grade: ____ in the fall of: 20____ First Last To the Teacher Please complete the form below. This recommendation will remain confidential and will not become part of the student's permanent record. We sincerely appreciate your cooperation. Recommended math class for Fall 22-23: **Application Information** One of the best Poor Good Excellent Fair Average ever Ability to work independently Attention span Behavior in class Critical & abstract thinking skills Hands in homework or assignments on time Intellectual curiosity Motivation 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: _____ School 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