



Entering 7th-8th Grade Mathematics Teacher Recommendation

Student's Name: _____ **Applying for Grade:** _____ **in Fall 20** _____

Parents: Please insert your child's name above and give this form to their current mathematics teacher.

Your signatures below indicate that you understand this confidential recommendation is required, is an important part of your child's admission application and you understand that you will not have access to it.

Parent's Name (print): _____ **Signature:** _____ **Date:** _____

Parent's Name (print): _____ **Signature:** _____ **Date:** _____

To the Teacher: Please complete this form and submit it to the Enrollment Office at Soille San Diego Hebrew Day School. **Please submit via email to Beth Licha, Director of Enrollment, at blicha@ssdhds.org, or via postal mail to 3630 Afton Road, San Diego, CA 92123.** This recommendation will remain confidential and will not be shared with the student or any members of their family. We appreciate your cooperation and candor.

Academic Qualities

Not Observed		Poor	Fair	Average	Good	Excellent
	Attention Span					
	Ability to Work Independently					
	Ability to Organize and Communicate Ideas					
	Motivation/Study Habits					
	Critical and Abstract Thinking Skills					
	Follows Directions					

Personal Qualities

Not Observed		Poor	Fair	Average	Good	Excellent
	Self-Confidence					
	Leadership Potential					
	Reaction to Criticism and Setbacks					
	Concern for Others					
	Personal Conduct and Integrity					
	Ability to Work Independently					
	Ability to Work Cooperatively					

Overall Recommendations

	Not at All	With Reservation	With Confidence	Enthusiastically
I recommend this student:				
Academic Ability and Promise				
Character and Personal Promise				



This student is enrolled in: Arithmetic Pre-Algebra Algebra Geometry Other: _____

Section level of course: Remedial Standard Advanced Mixed-ability

Suggested math placement for next year: _____

Please comment on this student's study habits, if this is an area of concern:

Please share any other comments regarding this student which you feel we would benefit from knowing:

Is there any additional information which you feel can be better conveyed in a phone conversation? Yes No

Hours and phone number where you can be reached: _____

Teacher's name: _____ Email address: _____

Subject(s) and grade level(s) in which you taught this student: _____

School: _____ School Phone (_____) _____

Signature: _____ Date: _____