TARBUT V'TORAH
Community Day School
Love Learning. Live Values. Discover Heritage.

Mathematics Teacher Recommendation

Name of Applicant: _____ Proposed Admission Date: _____Enrolling Grade_____

The above student has applied to Tarbut V'Torah Community Day School (TVT). TVT is a coeducational Jewish Day School for students who are well motivated and are of good character. Your completion of this evaluation is extremely helpful. It is important to all of us that the child's next school placement be an appropriate one for both the student and the family. We appreciate your taking the time and effort to provide us with this important information. Your judgments are used solely for the admissions process and are held in the strictest confidence. Kindly return this form within one week of receipt.
FAX (949) 856-2400, or mail it directly to TVT. Thank you for your cooperation.

TO BE COMPLETED BY THE CURRENT MATH TEACHER

Course Title _____

If this course is sectioned, this applicant is enrolled in the _____level/section of _____level/sections.

How long have you known this applicant? _____

Please be specific about areas of strength and weakness. _____
_____
_____
_____
_____
_____
_____
_____

Please complete the following by checking the appropriate rating.

	Excellent	**Good or Above Average**	**Fair or Average**	**Limited or Poor**
Motivation				
Study habits				
Planning & organizational skills				
Responsibility				

	Excellent	Good or Above Average	Fair or Average	Limited or Poor
Ability to work in a group				
Ability to work independently				
Participation in discussions				
Critical thinking				
Following directions				
Ability to express ideas orally				
Use of time				
Attention span				
Listening skills				
Completing assignments on time				
Seeking help when needed				
Interest in math				
Mathematical ability				
Computational Skills				
Problem solving				
Understanding of vocabulary				
Maturity				
Integrity				
Leadership potential				
Initiative				
Stability				
Creativity				
Sense of humor				
Self confidence				
Consideration of others				
Social adjustment with peers				
Respect of authority				
Classroom conduct				
Response to criticism				
Appropriate handling of anger				
Self –control				
Attendance				
Punctuality				

Family Information

	Excellent	Good or Above Average	Fair or Average	Limited or Poor	Not Assessed
Communication with your school					
Attendance at school functions					
Cooperation with school rules					
Cooperation with administration/faculty					
Participation in child's education					

Name of Teacher: _____Current School Phone: (_____) _____

Current School : _____

Current School Address: _____

City: _____ State: _____ Zip Code: _____