



IPOLY HIGH SCHOOL
APPLICATION FOR ADMISSION (2024-25 School Year)
Form 4a: MATH Teacher Recommendation

APPLICANT: Please enter your name and current grade level, then send this form to a current **MATH** teacher.

Student name _____ Current grade level _____

Parent Name: _____ Primary Phone Number: _____

TEACHER: The above-named student is applying to International Polytechnic High School. IPoly is a public, college preparatory high school with a unique and challenging project-based learning curriculum. Your careful evaluation of this student will greatly assist us in our admission process. Your response will be kept confidential, and once received, students have no access to admission records. Please contact IPoly's Student Admissions Coordinator at 909-839-2361 if you have any questions or concerns.

We sincerely appreciate your time and effort in completing this evaluation. Applications will not be reviewed without teacher responses.

Teacher's name: _____ **School name:** _____

Grade level(s) taught applicant: _____ **Course title(s) taught applicant:** _____

Please compare this applicant to other students you have taught:

	No basis for Judgment	Below Average	Average	Above Average	Outstanding
Ability to Work as part of a Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Course/Subject Aptitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on student's strengths and challenges:

Once again, thank you for taking the time to complete this form. Your forthright assessment will help us as we evaluate this student's potential for success at IPoly High School.

Teacher Signature

Date

School/Work email or phone number

This document is required for the application to be considered complete. Feel free to call 909-839-2361 if you have any questions.

Email to: application@ipolyhighschool.org.
 Include the student's name in subject line.
 IPoly will upload this information to the student's application portal on your behalf.

You may also provide the information to the applicant in a sealed envelope, or you may mail directly to IPoly.

IPoly Admissions Dept
3851 W. Temple Avenue
Pomona, CA 91768