



MATHEMATICS TEACHER RECOMMENDATION

Name of Applicant _____ Current Grade _____

Applicant's Signature _____ Date _____

TO THE PARENT OR GUARDIAN: Please read and sign the statement below.

"I waive my right to read the confidential teacher recommendation and the school report for the student listed above."

Printed Name of Parent or Guardian: _____

Parent or Guardian's Signature: _____ Date _____

TO THE MATHEMATICS TEACHER:

How long have you known this student, and in what courses?

Please describe your course. It is helpful to know what texts are used and if the students are grouped by ability.

What math course would you recommend that this student take next year?

The courses listed below follow the sequence typical in many U. S. high schools. If your school does not follow this sequence, please attach a copy of your curriculum. Please check those courses or list others that the student will have completed by the end of the current school year:

- | | |
|--|---|
| <input type="checkbox"/> Basic Algebra I | <input type="checkbox"/> Pre-calculus (including analytical trigonometry) |
| <input type="checkbox"/> Algebra I (includes quadratics) | <input type="checkbox"/> Introduction to Calculus |
| <input type="checkbox"/> Geometry | <input type="checkbox"/> Calculus (Advanced Placement AB) |
| <input type="checkbox"/> Algebra II (without trigonometry) | <input type="checkbox"/> Calculus (Advanced Placement BC) |
| <input type="checkbox"/> Algebra II (with trigonometry) | <input type="checkbox"/> Other _____ |

How well does the student accept advice or criticism?

What area(s) does this student need most help with?

Please assess the applicant in comparison to other students in his or her age group whom you have taught. If you have no basis for evaluation, then please say so.

	One of the best	Excellent	Above Average	Average	Below Average	No basis.
Knowledge in the basic skills.						
Accuracy in the use of basic skills.						
Reasoning ability						
Understands and appreciates underlying ideas & concepts						
Effort						
Overall performance						
Welcomes the challenge of more difficult problems & exercises						
Command of mathematics compared to other students.						

Please assess the applicant by filling out the following table:

	Excellent	Above Average	Average	Below Average	Does Not Apply
Written Ability					
Oral Ability					
Academic Motivation					
Organizational Skills					
Daily Preparation					
Class Participation					
Creativity					
Effort/Determination					
Moral Responsibility					
Leadership					
Sense of Humor					
Emotional Stability					
Concern for Others					
Honesty/Integrity					
Maturity					

We welcome any additional remarks. You may use this space to comment further on this candidate's strengths, weaknesses and personal traits.

I recommend this candidate for admission to George Stevens Academy.

	I recommend without hesitation	I recommend with some hesitation	I do not recommend
Academically			
Personally			

Signature _____ Date _____

Print Name _____ Title _____

School Name & Address _____

Email Address _____

Telephone (include country, city, & area codes) _____