



**Teacher Recommendation in Mathematics**  
**For candidates entering grades five through eight**

We appreciate your cooperation in completing this form. It provides one way of getting to know the child and is reviewed with the full awareness that children are constantly changing and developing. Please note that we place particular value on your observations of classroom behavior and your descriptive comments in each area. Please send form directly to the school as this recommendation will be kept in confidence during the admissions process and used solely to help inform a thoughtful admission decision. We encourage any other information which you think would be helpful. Include comments concerning strengths, weaknesses, or any special needs or concerns of this child and/or family. You may wish to use a separate sheet of paper.

Name of student \_\_\_\_\_

I have known this candidate for \_\_\_\_\_ years \_\_\_\_\_ Grade level \_\_\_\_\_ Number of children in class \_\_\_\_\_

My relationship has been that of \_\_\_\_\_

What are the first words that come to mind to describe this candidate?

\_\_\_\_\_

Please list the topics covered in this year's course, or specify if Algebra I, Algebra II, or Plane Geometry.

\_\_\_\_\_

Title(s) and author(s) of text(s) used:

\_\_\_\_\_

To what degree has the student mastered the material covered in this course so far?

\_\_\_\_\_

Describe the student's ability in problem solving and in dealing with abstract concepts.

\_\_\_\_\_

Describe the student's class participation and working relationship with:

a.) other students: \_\_\_\_\_

b.) adults: \_\_\_\_\_

Please indicate the candidate's performance in the following areas:

	Below grade level	Consistent with grade level	Above grade level
Addition			
Subtraction			
Multiplication			
Division			
Decimals			
Positive and negative numbers			
Integers			
Fractions			

**Academic Evaluation**-Please place a check in each box at the point which most accurately describes the student.

	Limited	Fair	Average	Good	Outstanding
Academic potential					
Effort and perseverance					
Study habits					
Intellectual Curiosity					
Ability to work independently					
Use of time					
Follows directions					
Attention span					
Creativity and originality					

**Personal Evaluation** Please place a check in each box at the point which most accurately describes the student.

	Limited	Fair	Average	Good	Outstanding
Integrity and honesty					
Consideration of others					
Social adjustment with peers					
Classroom conduct					
Initiative (wholesome)					
Emotional stability					
Self confidence					
Cooperation of parents/guardians					
Fulfills responsibilities					

Please comment on this student’s character and personality (e.g. maturity, peer relationships, sense of humor, enthusiasm, etc.) and any strengths or weaknesses that should be noted.

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Teacher’s name \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

School name and address \_\_\_\_\_