

Math Teacher Recommendation Form

To the Applicant:

Please type or print your name below, and give this form to your current year math teacher, along with a stamped envelope addressed to **Calvary Episcopal Preparatory**, 1201 Austin Street, Richmond, TX 77469.

Name of Student (printed) Date

Signature of Student Date Recommendation is Due

To the Parent/Guardian:

Please read and sign below:

"I waive the right to review the teacher's confidential recommendation form and any additional information the school may send to accompany the form."

Name of Parent/Guardian (printed) Date

Signature of Parent Date

To the Teacher:

Thank you for allowing us to use some of your valuable time to gain a clearer insight into the study habits, academic abilities, and overall personality of this applicant. The information you provide will be kept in strictest confidence. Please mail the completed forms to us by _____ in the stamped envelope provided to you by the applicant. Thank you!

Name of Student

How well do you know this student academically? _____ Personally? _____

Length of time you have known this student: _____

What are the first words that come to mind in order to describe this student?

Give us more information about:

Name of course you teach this student Class size Accelerated course (describe)?

Please describe your course, what texts are used, and any ability grouping of students.

Please rate this student in the following areas:

	Excellent	Good	Fair	Poor
Knowledge of basic math facts/skills	_____	_____	_____	_____
Accuracy in use of basic skills	_____	_____	_____	_____
Ability to reason mathematically	_____	_____	_____	_____
Problem solving ability	_____	_____	_____	_____
Willingness to try difficult problems	_____	_____	_____	_____
Attention and effort compared to peers	_____	_____	_____	_____
Calculator skills	_____	_____	_____	_____

Please check all that apply for this student:

- | | | |
|--|---|---|
| <input type="checkbox"/> Good study habits | <input type="checkbox"/> Intellectual Curiosity | <input type="checkbox"/> Maturity (relative to age) |
| <input type="checkbox"/> Respected by peers | <input type="checkbox"/> Respected by Faculty | <input type="checkbox"/> Honest |
| <input type="checkbox"/> Creative | <input type="checkbox"/> Organized (for this age) | <input type="checkbox"/> Independent worker |
| <input type="checkbox"/> Compassionate | <input type="checkbox"/> Manipulative | <input type="checkbox"/> Overprotected |
| <input type="checkbox"/> Poor work ethic | <input type="checkbox"/> Frequent absences | <input type="checkbox"/> Missed assignments |
| <input type="checkbox"/> Usually a leader | <input type="checkbox"/> Usually a follower | <input type="checkbox"/> Goal-oriented |
| <input type="checkbox"/> Makes friends easily | <input type="checkbox"/> Difficulty making friends | <input type="checkbox"/> Speech/motor difficulties |
| <input type="checkbox"/> Disorganized (for this age) | <input type="checkbox"/> Often inattentive | <input type="checkbox"/> Displays school spirit |
| <input type="checkbox"/> Takes pride in appearance | <input type="checkbox"/> Sleeps in class | <input type="checkbox"/> Follows oral directions |
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Takes pride in work | <input type="checkbox"/> Follows written directions |
| <input type="checkbox"/> Easily distracted | <input type="checkbox"/> Has variety of interests | <input type="checkbox"/> Works well in groups |
| <input type="checkbox"/> Eager to learn | <input type="checkbox"/> Completes homework | <input type="checkbox"/> Has extracurricular activities |
| <input type="checkbox"/> Uses time well | <input type="checkbox"/> Good oral expression | <input type="checkbox"/> Good written expression |
| <input type="checkbox"/> Positive influence on peers | <input type="checkbox"/> Negative influence on peers | <input type="checkbox"/> Respects others' property |
| <input type="checkbox"/> Parents support academics | <input type="checkbox"/> Parents make excuses for child | <input type="checkbox"/> Self confident |

Signature of Person Making Recommendation

Position

Date

e-mail contact

Daytime Phone