

MATHEMATICS TEACHER RECOMMENDATION



A Ministry of Calvary Baptist Church
43065 Joy Road
Canton, MI 48187

Seventh through Twelfth Grades

RETURN TO: Secondary Office/STUDENT RECORDS
FAX: 734-459-9997
 PHONE: 734-459-3505

Name of Student: _____ Candidate for Grade: _____

Parent or Guardian: Please write your student's name and grade in the space above. Read and sign the following before giving to your student's Math teacher. *(Advise them to **return it to P.C.A. via FAX** if possible, or provide an envelope and affix postage before giving it to the Mathematics Teacher)*

I understand and agree that the information contained on this recommendation form is confidential and will be used only in the selection of candidates and will not become part of the candidate's permanent file. I also agree that this completed form will not be available to candidates, parents, or anyone outside of the Admissions Committee, and I hereby waive any right that I may have to see it.

Parent/Guardian Signature: _____ Date: _____

This student's acceptance will be probationary until this form is received in the Admissions Office.

Mathematics Teacher: Please complete and return this form *(via FAX is preferable) WITHIN ONE WEEK.* As a current teacher, please evaluate the candidate based on your direct knowledge of him or her. Keep in mind that the applicant should be evaluated according to others of the same chronological age. The members of the Admissions Committee thank you for your interest, cooperation, and honesty. Please check the appropriate boxes and include comments. **Your comments will be held in strict confidence.**

This student's acceptance will be probationary until this form is received in the Admissions Office.

GENERAL ACADEMIC ABILITY:

Please check one: Superior High Average Average Below Average

ACADEMIC SKILLS:

	<i>Consistently</i>	<i>Usually</i>	<i>Sometimes</i>	<i>Seldom</i>	<i>Not Observed</i>
Listens to and follows teacher's directions					
Demonstrates an appropriate attention span					
Exhibits good study habits					
Demonstrates ability to work independently					
Perseveres in spite of difficulty					
Works cooperatively					
Completes assigned tasks					
Exhibits problem solving abilities					
Expresses written ideas clearly					
Expresses verbal ideas clearly					
Plans and uses time well					
Is intellectually curious					
Is prepared for class					

SOCIAL SKILLS:

	<i>Consistently</i>	<i>Usually</i>	<i>Sometimes</i>	<i>Seldom</i>	<i>Not Observed</i>
Responds positively to constructive criticism					
Establishes friendships easily and is considerate of others					
Demonstrates emotional maturity that is age appropriate					
Is respected by faculty					
Is respected by peers					
Respects others					
Demonstrates self-control					
Takes responsibility for belongings					
Is cooperative in a group					
Demonstrates appropriate behavior					
Exhibits emotional maturity					
Is a positive influence on peers					
Takes pride in appearance					

Circle the words that best describe this applicant:

- | | | | | |
|----------------|------------|-------------|--------------------|------------------|
| Aggressive | Honest | Immature | Disobedient | Self-disciplined |
| Oppositional | Mature | Vivacious | Manipulative | Conscientious |
| Over-protected | Social | Cheerful | Self-centered | Follower |
| Shy | Confident | Irritable | Easily discouraged | Perfectionist |
| Helpful | Witty | Responsible | Motivated | Positive leader |
| Anxious | Articulate | Well-liked | Organized | Negative leader |

- Mathematics course the student is currently taking: _____
- Curriculum being used: _____
- Is the student habitually tardy or absent? ____Yes ____No
If yes, please elaborate: _____
- If you have additional information that will be helpful to the Admissions Committee in evaluating this candidate's application, please comment. If needed, use another sheet of paper. _____

- Is there anything regarding the family that would be helpful for us to know?

- Please call me for additional information regarding this applicant**

CHECK ONE:

____Highly recommend ____Recommend ____Recommend with reservation ____Do not recommend

If this answer is "Do not recommend" or "Recommend with reservation", please explain: _____

Signature of Mathematics Teacher: _____

Name of School: _____ Phone: _____

School Address: _____

City, Zip: _____

Mathematics Teacher E-mail Address: _____

Date: _____