

**MATH TEACHER CONFIDENTIAL RECOMMENDATION
INDEPENDENT SCHOOL COMMON RECOMMENDATION FORM FOR GRADES 6-12**

Brunswick School	Greenwich Catholic School	King School	Ridgefield Academy	The Stanwich School
Chase Collegiate School	The Greenwich Country	The Masters School	Rippowam Cisque School	The Unquowa School
Fairfield Country Day School	Day School	The Mead School	Rockland Country Day School	Whitby School
Fraser Woods Montessori School	Hamden Hall Country Day School	The Montessori School	Rye Country Day School	Wooster School
Greens Farms Academy	The Harvey School	New Canaan Country School	Sacred Heart Greenwich	
Greenwich Academy	Hopkins School	Pear Tree Point School	School of the Holy Child	
		REACH Prep	St. Luke's School	

TO THE PARENTS: *As part of the undersigned child's application for admission, the schools listed above require letters of recommendation be provided with the application. The undersigned acknowledges that each letter of recommendation is a confidential communication between the person recommending the undersigned student and the school. The undersigned waives any right to receive, review, inspect or have access to any letter(s) of recommendation, whether in possession of the person recommending the undersigned student or the school. The undersigned acknowledges that the school is relying upon this waiver and that the school would not consider the application without it.*

Parent/Guardian Authorization (Signature) Date

Name of Applicant Current grade

TO THE TEACHER: *This form is used by the schools listed above. Please complete it, keep the original and send a photocopy directly to the requesting school. Your comments will be held in the strictest confidence. Your assistance is appreciated.*

1. How long have you known the candidate?

2. What are the first words that come to mind in order to describe the applicant?

3. In what course do you currently teach this student?

4. How would you classify the level of the course? Remedial Regular Accelerated Honors

5. What text (including author and publisher) is used in this course? What pages or chapters do you expect to cover by the end of the current school year?

6. What tools are regularly used in your math program? Check all that apply.

- manipulatives graphing calculators four-function calculators computers
 scientific calculators other: _____

7. Student's mathematical background. Check the box below next to those courses which the student will have completed by the end of the current school year.

- | | |
|--|--|
| <input type="checkbox"/> Grade five math | <input type="checkbox"/> First Year Algebra (including quadratic, exponential, and rational functions) |
| <input type="checkbox"/> Grade six math | <input type="checkbox"/> Geometry |
| <input type="checkbox"/> Grade seven math | <input type="checkbox"/> Second Year Algebra (not including trigonometry) |
| <input type="checkbox"/> Pre-Algebra | <input type="checkbox"/> Second Year Algebra (including numerical trigonometry) |
| <input type="checkbox"/> Basic First Year Algebra (does not include extensive study of quadratics) | <input type="checkbox"/> Pre-Calculus (including analytical trigonometry) |
| <input type="checkbox"/> Other: _____ | |

(Over)

8. Which of the previously listed courses would you recommend the student study next year?

9. Please evaluate the candidate in relation to other students of the same age/grade you have taught in mathematics. Check the appropriate box for each item below.

	BELOW AVERAGE	AVERAGE	GOOD	EXCELLENT	TRULY OUTSTANDING
Knowledge of basic facts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy in use of basic facts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasoning skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to see connections among mathematical concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the candidate show a willingness to accept the challenge of more difficult problems and exercises?
 Rarely Occasionally Often

How would you rate the candidate's overall command of mathematics when compared to other students whom you have taught? Below Average Average Top 25% Top 10%

10. Please comment on any aspect of the candidate's intellectual interests, ability and academic achievement and potential, in math class specifically or in school work generally.

11. Please tell us about the candidate's personal qualities, if possible, by providing specific information or relating an anecdote that gives insight into this person's personality and character.

Summary In relation to students of the same age you have known, how would you rate the candidate?

	WEAK	FAIR	GOOD	EXCELLENT	EXCEPTIONAL
Academic Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and Personal Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check here if you wish to discuss this candidate by telephone: _____
Best time to call

Name: (Please print) _____ Position: _____

School: _____ Telephone: _____

Signature: _____ Date: _____

Please return a copy of this form directly to the school in the envelope provided by the applicant.

ENGLISH TEACHER CONFIDENTIAL RECOMMENDATION INDEPENDENT SCHOOL COMMON RECOMMENDATION FORM FOR GRADES 6-12

Brunswick School	Greenwich Catholic School	King School	Ridgefield Academy	St. Luke's School
Chase Collegiate School	The Greenwich Country Day School	The Masters School	Rippowam Cisca School	The Stanwich School
Fairfield Country Day School		The Mead School	Rockland Country Day School	The Unquowa School
Fraser Woods Montessori School	Hamden Hall Country Day School	The Montessori School		Whitby School
Greens Farms Academy	The Harvey School	New Canaan Country School	Rye Country Day School	Wooster School
Greenwich Academy	Hopkins School	Pear Tree Point School	Sacred Heart Greenwich School of the Holy Child	
		REACH Prep		

TO THE PARENTS: As part of the undersigned child's application for admission, the schools listed above require letters of recommendation be provided with the application. The undersigned acknowledges that each letter of recommendation is a confidential communication between the person recommending the undersigned student and the school. The undersigned waives any right to receive, review, inspect or have access to any letter(s) of recommendation, whether in possession of the person recommending the undersigned student or the school. The undersigned acknowledges that the school is relying upon this waiver and that the school would not consider the application without it.

<small>Parent/Guardian Authorization (Signature)</small>	<small>Date</small>
<small>Name of Applicant</small>	<small>Current grade</small>

TO THE TEACHER: This form is used by the schools listed above. Please complete it, keep the original and send a photocopy directly to the requesting school. Your comments will be held in the strictest confidence. Your assistance is appreciated.

1. How long have you known the candidate?

2. In what course do you currently teach this student?

3. What are the first words that come to mind in order to describe the applicant?

4. Please evaluate the candidate in relation to other students of the same age/grade you have taught in English. Please check the appropriate box for each item below.

	TRULY				
WRITING	BELOW AVERAGE	AVERAGE	GOOD	EXCELLENT	OUTSTANDING
Mechanics and Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content and Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Over)

Does the candidate read widely on his/her own? Rarely Moderately Extensively

How would you rate the candidate's overall facility with language (written and oral) compared to other students whom you have taught? Below Average Average Top 25% Top 10%

5. Please comment on any aspect of the candidate's intellectual interests, ability and academic achievement and potential, in English or in school work generally.

6. Please tell us about the candidate's personal qualities, if possible, by providing specific information or relating an anecdote that gives insight into this person's personality and character.

Summary In relation to students of the same age you have known, how would you rate the candidate?

	WEAK	FAIR	GOOD	EXCELLENT	EXCEPTIONAL
Academic Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and Personal Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check here if you wish to discuss this candidate by telephone: _____
Best time to call

Name: (Please print) _____ Position: _____

School: _____ Telephone: _____

Signature: _____ Date: _____

Please return a copy of this form directly to the school in the envelope provided by the applicant.

INDEPENDENT SCHOOL EXTRACURRICULAR RECOMMENDATION FORM

Applicant's Name

Current Grade

TO THE PARENTS: As part of the undersigned child's application for admission, the school you are applying to requires recommendations. The undersigned acknowledges that these recommendations are confidential communications. The undersigned waives all rights to access recommendations and acknowledges that the school is relying on this waiver and would not consider the applicant without it.

Parent/Guardian Authorization Signature for release of records

TO THE PERSON PROVIDING THIS RECOMMENDATION: Thank you in advance for your time. Although we will receive school records, the admission committee greatly values input from others who have instructed or coached the candidate. We are grateful to you for candidly sharing your thoughts with us and assure you that all replies will be confidential and not retained as part of the student's permanent record. A return envelope is provided for your convenience.

How long and in what capacity have you known the applicant?

Please briefly describe your activity (time involved, productions, performances, publications). What is the student's level of commitment? Please note any significant achievement or distinction.

What adjectives or phrases would you use to describe the student?

How does the student respond to:

Peers? _____

Adults? _____

Advice? _____

Criticism? _____

If the student were left in your group without supervision, he would most likely:

assume responsibility to direct or organize the group

continue to work on his own

wait for further instruction

lose interest or possibly become disruptive

other (please explain)

We welcome any additional remarks. (Please use another page if needed.)

Name

Date

Phone Number

INDEPENDENT SCHOOL COMMON REPORT AND TRANSCRIPT RELEASE FORM GRADES K-12

Brunswick School	The Greenwich Country Day School	The Montessori School	Sacred Heart Greenwich
Chase Collegiate School	Hamden Hall Country Day School	New Canaan Country School	School of the Holy Child
The Children's School	The Harvey School	Pear Tree Point School	St. Luke's School
Fairfield Country Day School	Hopkins School	REACH Prep	Soundview Prep
Fraser Woods Montessori School	King School	Ridgefield Academy	The Stanwich School
Greens Farms Academy	The Long Ridge School	Rippowam Cisquea School	The Unquowa School
Greenwich Academy	The Masters School	Rockland Country Day School	Whitby School
Greenwich Catholic School	The Mead School	Rye Country Day School	Wooster School

TO THE PARENTS: *As part of the undersigned child's application for admission, the schools listed above require recommendations. The undersigned acknowledges that these recommendations are confidential communications. The undersigned waives all rights to access recommendations and acknowledges that the school is relying on this waiver and would not consider the applicant without it.*

Name of Applicant

Current grade

Parent/Guardian Authorization Signature for release of records

TO THE HEAD OF SCHOOL OR PRINCIPAL: *The student named above is applying for admission to one or more of the schools listed above. A full and candid report from his present school is necessary if he or she is to be given consideration by an admission committee. We therefore ask that you complete this form, keep the original and send a photocopy directly to the requesting school. Your comments will be held in the strictest confidence.*

PLEASE ATTACH THE OFFICIAL TRANSCRIPT FOR THE STUDENT AS PER ABOVE AUTHORIZATION.

If you do not feel that you are the appropriate person to fill out the recommendation form, please pass it on to the division head, guidance counselor, or student's advisor. Similar forms will be sent to the student's teacher(s).

Thank you for your assistance. Your remarks will be held in the strictest confidence and will be most appreciated as we begin review of the candidate's personal characteristics and academic credentials.

Please circle the number that best applies in each category:

ACADEMIC ASSESSMENT	WEAK	FAIR	GOOD	EXCELLENT	EXCEPTIONAL
Motivation	1	2	3	4	5
Self-discipline	1	2	3	4	5
Growth potential	1	2	3	4	5
Achievement	1	2	3	4	5
SOCIAL/EMOTIONAL DEVELOPMENT	WEAK	FAIR	GOOD	EXCELLENT	EXCEPTIONAL
Leadership	1	2	3	4	5
Self-confidence/Sense of humor	1	2	3	4	5
Concern for others	1	2	3	4	5
Emotional maturity	1	2	3	4	5
Personal maturity	1	2	3	4	5
Respect accorded by faculty	1	2	3	4	5
Ability to work with others	1	2	3	4	5
Contribution to school community	1	2	3	4	5

(Over)

INDEPENDENT SCHOOL COMMON REPORT AND TRANSCRIPT RELEASE FORM

PLEASE COMMENT:

1. In what areas has the student shown any unusual ability or aptitude?

2. Has the applicant been censured for academic or social behavior? If yes, please explain.

3. Has the candidate's home environment been a positive force in his or her development?

4. Is the parents' perception of their child compatible with the school's understanding of the child?

5. Summary Appraisal:

In relation to students of the same age you have known and using the scale below, how would you rate the candidate?

	WEAK	FAIR	GOOD	EXCELLENT	EXCEPTIONAL
For Academic Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For Character and Personal Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check here if you wish to discuss this candidate by telephone: _____
Best time to call

Name (Please print) _____ Position _____

School _____ Telephone _____

Signature _____ Date _____