

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

Brunswick School	The Greenwich Country	The Long Ridge School	Ridgfield Academy	The Stanwich School
Convent of the Sacred Heart	Day School	The Masters School	Rippowam Cisqua School	The Unquowa School
Fairfield Country Day School	Hackley School	The Mead School	Rockland Country Day School	Whitby School
The Fraser-Woods School	The Harvey School	The Montessori School	Rye Country Day School	Wooster School
Greens Farms Academy	Hopkins School	New Canaan Country School	School of the Holy Child	
Greenwich Academy	King	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<br><input type="checkbox"/> Grade six math<br><input type="checkbox"/> Grade seven math<br><input type="checkbox"/> Pre-Algebra<br><input type="checkbox"/> Basic First Year Algebra (does not include extensive study of quadratics)<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> First Year Algebra (including quadratic, exponential, and rational functions)<br><input type="checkbox"/> Geometry<br><input type="checkbox"/> Second Year Algebra (not including trigonometry)<br><input type="checkbox"/> Second Year Algebra (including numerical trigonometry)<br><input type="checkbox"/> Pre-Calculus (including analytical trigonometry) |
|---|--|

(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.*