



CONFIDENTIAL Mathematics Recommendation

We greatly appreciate your taking the time to complete this form. It provides one way of getting to know the student and is reviewed with the understanding that students are constantly changing and developing. We place particular value on your observations of classroom behavior and your descriptive comments in each area. Preparers and recipients are expected to maintain the information in strict confidence and to refrain from sharing it with students, parents, or guardians.

Student's Name: _____ Applying for Grade: _____

Current School: _____

Teacher's Name, Email, Phone: _____

What is the name of your course? Pre-Algebra Algebra I Geometry Other: _____

What is the course level? (on-grade, accelerated, honors, etc.) _____

Are you currently teaching this student? _____

How long have you known this student? _____

In what other ways, if any, do you know this student? _____

Please describe the content of the course (text, topics, etc.) _____

What grade is the student currently earning? _____

Does the student's performance accurately reflect ability? Please explain. _____

Next year, what math course would be the most appropriate placement for the student (for example: next step in the progression, repeat the current course, etc.)? _____

What are the first three words or phrases that come to mind to describe this student? _____

The student's greatest strength in my class is: _____

The student most needs improvement in: _____

Please describe the style of learning environment in which you see this student thriving.

To the best of your ability, please rate the student in each of the following areas:

Academic achievement	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Outstanding
Knowledge of basic skills	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Highly developed
Accuracy in use of basic skills	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Highly developed
Problem-solving ability	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Highly developed
Critical thinking/analytical ability	<input type="checkbox"/> Limited	<input type="checkbox"/> Fair	<input type="checkbox"/> Frequently perceptive	<input type="checkbox"/> Exceptionally perceptive
Ability to express ideas verbally	<input type="checkbox"/> Limited	<input type="checkbox"/> Has some difficulty	<input type="checkbox"/> Good	<input type="checkbox"/> Exceptional
Daily preparation & study habits	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Follows directions	<input type="checkbox"/> Rarely	<input type="checkbox"/> Needs much explanation	<input type="checkbox"/> Occasionally needs help	<input type="checkbox"/> Quickly and effectively
Classroom conduct	<input type="checkbox"/> Frequent disruptions	<input type="checkbox"/> Occasional misconduct	<input type="checkbox"/> Usually good behavior	<input type="checkbox"/> Good conduct
Attention & level of engagement	<input type="checkbox"/> Easily distracted	<input type="checkbox"/> Occasionally distracted	<input type="checkbox"/> Usually good focus	<input type="checkbox"/> Exceptional focus & engagement
Motivation & initiative	<input type="checkbox"/> Low	<input type="checkbox"/> Occasionally evident	<input type="checkbox"/> Evident	<input type="checkbox"/> Exemplary
Seeks help when needed	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Reaction to criticism/feedback	<input type="checkbox"/> Defensive	<input type="checkbox"/> Ignores criticism	<input type="checkbox"/> Developing	<input type="checkbox"/> Uses criticism to improve
Participation in discussion	<input type="checkbox"/> Wants to dominate	<input type="checkbox"/> Rarely contributes	<input type="checkbox"/> Quiet but actively engaged	<input type="checkbox"/> Joins in readily
Ability to work independently	<input type="checkbox"/> Has great difficulty	<input type="checkbox"/> Needs help frequently	<input type="checkbox"/> Needs help occasionally	<input type="checkbox"/> Always works well
Ability to work in a group	<input type="checkbox"/> Has great difficulty	<input type="checkbox"/> Sometimes has difficulty	<input type="checkbox"/> Usually effective	<input type="checkbox"/> Always works well
Curiosity	<input type="checkbox"/> Limited curiosity	<input type="checkbox"/> Occasionally evident	<input type="checkbox"/> Frequently evident	<input type="checkbox"/> Consistently evident

Teacher's signature: _____ Date: _____