



Application for Admission Math Teacher Recommendation Form

Rec'd ___ / ___ / ___

To the Applicant:

Please type or print your name in the space below and give this form to your current Math teacher. Attach a stamped envelope addressed to the Knox School.

Name of Student _____ Applicant to grade _____

Signature _____ Date _____

To the Parent/Guardian:

Please read and sign the statement below.

I acknowledge that I waive my right to read the confidential recommendation and the school report for the student listed above.

Name of Parent or Guardian _____

Signature _____ Date _____

To the Teacher:

This recommendation will remain confidential and will not become part of the student's permanent record. Be sure the parent/guardian has signed the form in the space above. Feel free to use additional sheets, if necessary. Thank you for your cooperation and candor.

Teacher's Name _____ Title _____

School _____

How well do you know the student academically? _____ As a person? _____

In what years did you teach the student? _____ In what course(s)? _____

Is this course part of a tracking system or designated as an honors or accelerated course? Yes No

Briefly describe your course. It is especially helpful to know what texts are used and if the students are grouped by ability.

Student's Mathematical Background:

If your school does not follow the mathematics sequence listed below, please attach your curriculum. Please check those courses or list others which the student will have completed by the end of the current school year.

- | | |
|---|---|
| <input type="checkbox"/> Basic First Year Algebra (does not include extensive study of rational expressions, irrational numbers, and quadratic equations) | <input type="checkbox"/> Pre-Calculus (including analytical trigonometry) |
| <input type="checkbox"/> First Year Algebra (a thorough course which included quadratics) | <input type="checkbox"/> Calculus (an introduction) |
| <input type="checkbox"/> Geometry | <input type="checkbox"/> Calculus (Advanced placement AB) |
| <input type="checkbox"/> Second Year Algebra (not including trigonometry) | <input type="checkbox"/> Calculus (Advanced Placement BC) |
| <input type="checkbox"/> Second Year Algebra (includes numerical trigonometry through the laws of sine and cosine) | _____ |
| | _____ |

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

	Truly outstanding	Excellent	Above average	Average	Below average	No basis for judgment
Knowledge of the basic skills						
Accuracy in the use of basic skills						
Problem solving ability						
Reasoning ability						
Understanding of and appreciation for the underlying ideas and concepts						
Effort						
Overall Performance						
Willingness to accept the challenge of the more difficult problems and exercises						
Command of mathematics when compared to other students whom you have taught						

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

1. _____ 2. _____ 3. _____

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

	One of the top few I have ever encountered	Excellent (top 10% this year)	Good (above average)	Average	Below average	No basis for judgment
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Effort/Determination						
Ability to Work Independently						
Organization						
Creativity						
Willingness to Take Intellectual Risks						
Concern for Others						
Honesty/Integrity						
Self-esteem						
Maturity (relative to age)						
Responsibility						
Respect Accorded by Faculty						
Respect Accorded by Peers						
Emotional Stability						
Overall Evaluation as a Person						
Overall Evaluation as a Student						

If the student is relatively weak or strong in any areas listed above, please elaborate.

In what way has the student made significant contributions to your community?

Please add any additional information that will give us a more complete picture of the student.

Thank you for taking the time to complete this evaluation. Your reflections are an important part of the student's application.

Signature _____ Date _____

Mailing address _____ Email Address _____

_____ Telephone _____