



MONTCLAIR KIMBERLEY ACADEMY

To the Parent/Guardian: Please provide the information requested in this box, and submit this form, with a stamped, addressed envelope, to an academic teacher at the school your child presently attends after **the first marking period.**

Legal Name of Applicant _____ (please print) Applicant to grade _____

Name of Teacher _____ (please print) Name of School _____

Please note: the information requested here is confidential and is to be read only by admissions officers at Montclair Kimberley Academy. Please sign below to acknowledge that you will not have access to this confidential information and that you understand it will not become part of your child's permanent record.

Signature of Parent/Guardian _____

To the Math Teacher: You have been asked to recommend the above-named student, who is an applicant to Montclair Kimberley Academy. Please complete both sides of this form and return it to the Admissions Office. You are free to use additional sheets if necessary. If you have any questions, please contact the Admissions Office. Your comments, which will be held in strictest confidence, are an important part of the student's application. Recommendations are confidential and should be sent directly from the teacher to Montclair Kimberley Academy's Admissions Office via mail, fax, or email. **We highly recommend that you keep a copy of the recommendation for your records.**

How long have you known the candidate and in what capacity? _____

Please list subject taught, including level of difficulty _____

Please list the textbook used, if applicable _____

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

Student's current average, grade, or mark in the course _____

Overall class average, grade, or mark for the course _____

If the student were to stay at your school next year, in which course/level would they be placed? _____

What aspects of mathematics continue to challenge this student? _____

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

To your knowledge, are the parent's/guardian's perceptions of the student compatible with your school's perceptions? Yes No

If not, please explain. _____

What are the academic strengths and weaknesses of this candidate? Comments concerning writing ability, math skills or other skills appropriate to your subject area will be particularly helpful. Consider such categories as effort, curiosity, motivation, achievement in relation to potential, class participation and homework preparation. Please feel free to attach a separate page for additional comments.

CHARACTER AND PERSONALITY TRAITS	Advanced for age	Appropriate for age	Needs development	Not at an acceptable level	Comments
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interaction with teachers/adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ACADEMIC TRAITS	Advanced for age	Appropriate for age	Needs development	Not at an acceptable level	Comments
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Perseverance in problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reactions to frustrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self-motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Effort/initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Study habits/organization of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Level of engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Commitment to homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to express ideas orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to express ideas in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participation in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Overall Rating	Outstanding	Good	Average	With reservations
As a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any additional information that may be helpful in our evaluation of this student?

Thank you for taking your valuable time to complete this evaluation. **Be sure to keep a copy for your records.**

Name of Math Teacher _____ Title _____
(please print)

Signature _____ Date _____

Business address _____

Email address _____ Business phone () _____

Please return this form to:

The Admissions Office

Montclair Kimberley Academy

201 Valley Road

Montclair, NJ 07042

Or send via fax to:

973-509-4526

Or email to:

admissions@mka.org