



TAEJON CHRISTIAN INTERNATIONAL SCHOOL

TEACHER RECOMMENDATION FORM

MATH TEACHER



TO THE STUDENT: Please print your name, address and school below and give this form to your math teacher.

Student Name: _____ **Current Grade:** _____
LAST (FAMILY NAME) FIRST MIDDLE

Address: _____
STREET CITY STATE COUNTRY ZIP CODE

Current School: _____ **Previous School:** _____

TO THE MATH TEACHER:

The student named above is a candidate for admission. The Admissions Committee places considerable weight on the academic and personal qualifications of each student. Your recommendation is vital to our process. We would appreciate your most candid and thoughtful responses. Please send the recommendation form to TCIS directly via email, fax or regular mail. If you have questions or comments, please feel free to contact the Admissions Office directly by telephone at +82-42-620-9116 or email at admissions@tcis.or.kr.

Does your school offer an integrated math curriculum or a 'layer-cake' curriculum (e.g. Algebra 1, Geometry, etc.)

At the high school level, does your school offer AP courses, IB DP courses, both, or other? If other, please list.

How long have you been teaching? _____

What course(s) have you taught this student? _____

How many semesters have you taught this student? _____ How large is the class? _____

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

According to the grading scale in your school, how many students in this student's math class received the equivalent of an honor grade?

Briefly describe this course. What are the main units covered in this course? What texts are used? Are the students grouped by ability or by age? What types of technology are used in this course?

How well does the student communicate mathematics? (i.e. Does the student show appropriate steps? Is the student able to explain the mathematical processes he/she uses to find solutions? etc.)

- Has this student completed investigation type tasks? Yes No
- Has this student had to write a math paper in your class? Yes No
- Has this student had experience completing 'real-life' tasks in your class? Yes No
- Has this student used a calculator in your class? Yes No

If yes, please circle type: Scientific Graphing Calculator (Type: _____)

Please comment on/assess this student's ability to use technology.

What do you believe to be this student's strengths in Mathematics?

What do you believe to be this student's weaknesses in Mathematics?

Please add any additional information/comments that will give us a more complete picture of the student, as well as help us to place him/her in an IB MYP or DP Mathematics class.

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
Ability to Communicate Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Logical Train of Thought/Shows Necessary Steps	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Class Discussion/Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Thinking Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Reflect on Reasonableness of Answers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort / Determination	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Take Intellectual Risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty / Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity (Relative to Age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect Accorded by Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect Accorded by Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Evaluation as a Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Evaluation as a Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Considering all available evidence, how strongly do you recommend this applicant for admission to the Taejon Christian International School?

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the candidate's application. All information you provide will be held in confidence and disclosed only to the Admissions Committee or others deemed necessary by the Director of Admissions.

SIGNATURE

DATE

SCHOOL ADDRESS

PRINTED NAME

EMAIL ADDRESS

TITLE

TELEPHONE