

# Secondary School Math Teacher Confidential Recommendation Form



The applicant identified below is applying for admission to American International School Dhaka (AISD). Your thoughtful feedback is important, especially in assisting the student's transition to our community, if admitted. Thank you in advance for taking the time to complete this confidential recommendation. The information will not be available to the applicant, parents, or anyone outside of the AISD Admissions Department.

**Upon completing this form, please email it directly to [aisdadmissions@aisdhaka.org](mailto:aisdadmissions@aisdhaka.org)**

Full Name of Applicant:

Current School:

Current Grade Level:                  Number of years the student been enrolled at your school:

**Please describe the applicant's classroom/school environment (class size, curriculum, structure):**

**1) Please evaluate the applicant in relation to their fellow students:**

	<b>Outstanding</b> (top 2-3%)	<b>Good</b>	<b>Average</b>	<b>Poor</b>	<b>No Basis for Judgment</b>
Mathematic potential					
Academic potential					
English language ability					
Study habits					
Attentiveness / Focus					
Class participation					
Ability to work independently					
Ability to work in groups					
Honesty & Integrity					
Maturity					
Responsibility					
Relationship with peers					
Relationship with adults					

If you checked POOR for any category above, please explain.

**2) What words come to mind when describing the applicant's strengths and weaknesses in math?**

**3) In your opinion, what math course would be most appropriate for this student next year?**

**4) Does this student use a calculator in the math course?**      Yes      No

If YES, what type?:

**5) Please add any other comment or further insight on this student:**

**6) Is there any information that can be better conveyed in a phone conversation?**      Yes      No

If YES, please write your phone number, time zone, days of the week and time(s) of day you are available

**7) If we require further information, may we contact you?**      Yes      No

Your Name:

School Name

Course Taught:

Email:

Phone:

Website:

How long have you known the applicant?

How often do you have contact with the applicant?

### **Certification Statement**

I certify that all information provided is true and correct to the best of my knowledge.

Date (DD/MM/YYYY):

Please email this form directly to [aisdmissions@aisdhaka.org](mailto:aisdmissions@aisdhaka.org)

**Thank you for taking the time to complete this confidential recommendation.**