

CAMBRIDGE AICE

Math Teacher Recommendation Form

Name of Student:
Name of Teacher:
School Presently attending:
School Applying to:

Please complete the following assessment of the student named above as a part of the application process for the Seabreeze High School Cambridge AICE Program. Your evaluation is crucial and is needed to determine this student's ability to be successful in this program. All recommendation forms will remain confidential among the review committee. Please forward this form to **the Cambridge AICE Facilitator @your school**

Please rate the student in the following categories.

Rating scale:

- 6** = Superior, one of the top few encountered in my career
- 5** = Outstanding, top 5%
- 4** = Excellent, top 10%
- 3** = Above average
- 2** = Average
- 1** = Below Average

<p>Character Rating</p> <ol style="list-style-type: none">1. _____ Maturity2. _____ Concern/Respect for Others3. _____ Personal Conduct4. _____ Cooperation5. _____ Leadership	<p>Academic Rating</p> <ol style="list-style-type: none">1. _____ Academic Interests2. _____ Study Habits3. _____ Achievement Level4. _____ Motivation5. _____ Academic Integrity	<p>Overall Rating</p> <p>_____ Highly Recommend</p> <p>_____ Recommend</p> <p>_____ Do Not Recommend</p>
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Please provide specific comments below relevant to the student's potential success in the Cambridge AICE Program.

Your complete candor with comment area below would be greatly appreciated.