



MATH TEACHER RECOMMENDATION FORM GRADES 6 – 12

NAME OF APPLICANT _____ Date _____

Current Grade _____ Current School _____ School Year _____

To Parent or Guardian: A recommendation form is required from school personnel for admission. Complete the section above and send to the appropriate reference. The reference will submit this form directly to the CHS Admissions Office. Recommendations become the confidential property of Christian Heritage School and are not subject to applicant, parent, or guardian review.

To Teacher and/or other School Personnel: The above-named student has made an application to Christian Heritage School and has submitted your name as a reference. This information will be reviewed by an Admissions Committee and held in strict confidence. Please complete this form, as your candid observation is vital to the admission process and to the continuing educational needs of this child. Forms may be returned by upload, mail or fax (706-277-2300.)

Academic Characteristics	Excellent	Above Average	Average	Below Average	Improvement Needed
Academic Potential					
Academic Achievement					
Knowledge of Basic Skills					
Accuracy in the use of Basic Skills					
Problem Solving Ability					
Reasoning Ability					
Initiative/Motivation					
Study Skills					
Organizational Skills					
Textbook and publisher					

Personal Characteristics	Excellent	Above Average	Average	Below Average	Improvement Needed
Reaction to Correction					
Leadership					
Self-Discipline					
Judgment					
Independence					
Peer Compatibility					
Conduct					
Integrity					
Appearance					
Dependability					
Emotional Maturity					
Attitude					
Respect for Authority					

MATH TEACHER RECOMMENDATION FORM CONTINUED: **APPLICANT NAME:** _____

How long have you known this student and in what capacity? _____

What is this student's current math course and level? _____

What math course and level do you recommend this student take next year? _____

What do you consider to be this student's area of greatest strength in math? _____

What do you consider to be this student's greatest needs in math? _____

Does the child have excessive tardies or absences? If yes, please explain. _____

Please comment on degree of parental support and involvement. _____

Please list any additional comments that you feel would help the school in evaluating the child's potential. _____

Would you want this student in your class again? Why or why not? _____

I recommend this student to Christian Heritage School:

___ Enthusiastically ___ Confidently ___ Reservedly ___ Not at all

Thank you very much for your evaluation.

Evaluator's signature _____ Date _____

Evaluator's printed name/title _____ Telephone _____

Mail: Christian Heritage School, Office of Admission, PO Box 2066, Dalton, Georgia 30722-2066
Fax: 706-277-2300