



Mathematics Recommendation Form

Student's Name: _____ Current Grade: _____
LAST FIRST MIDDLE

Name of Current School: _____

What three to five adjectives or phrases come to mind when describing this student? Note strengths and weaknesses.

How does the student interact with their peers?

How does the student interact with their adults?

What mathematics course is the student taking this year? _____

What text is being used? _____

What general topics are covered in this course? _____

What is the next course in the sequence? _____

Please check the boxes that best reflect your evaluation of this student in comparison to other students of the same age or grade you have taught. **If you do not have sufficient information to make a fair judgment, please indicate that as N/A.**

	EXCELLENT [Top 10%]	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR [Bottom 10%]	N/A
Knowledge of the basic skills						
Accuracy in the use of basic skills						
Problem solving ability						
Reasoning ability						
Understanding of and appreciation for the underlying ideas and concepts						
Effort / Attention to Detail						
Willingness to accept the challenge of the more difficult problems and exercises						
Command of mathematics when compared to other students whom you have taught						
Overall Performance						

Please check the boxes that best reflect your evaluation of this student compared to others in the same age group you have taught. **If you do not have sufficient information to make a fair judgment, please indicate that as N/A.**

	EXCELLENT [Top 10%]	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR [Bottom 10%]	N/A
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Effort / Determination						
Ability to Work Independently						
Organization						
Creativity						
Willingness to Take Intellectual Risks						
Concern for Others						
Honesty / Integrity						
Self-esteem						
Maturity (relative to age)						
Responsibility						
Respect Accorded by Faculty						
Respect Accorded by Peers						
Emotional Stability						
Overall Evaluation as a Person						
Overall Evaluation as a Student						

Please share any insights into this student's interests, strengths, and areas for growth that would help the admissions team gain a more complete understanding of the student - we welcome your comments on the student's character, citizenship, and contributions to your school or community.

Thank you for taking the time to complete this evaluation. Your insights are a valuable part of the student's application process. All information provided will be kept confidential and shared only with the Admission Committee.

SIGNATURE _____ DATE _____

PRINTED NAME _____

TITLE _____

SCHOOL MAILING ADDRESS _____

EMAIL ADDRESS _____

PHONE NUMBER _____