STUDENT Please type or print your name in the space below and then give this form to your current math teacher with a stamped envelope.

TEACHER Please return by January 15 to: 537 HIGHLAND STREET, SOUTH HAMILTON, MASSACHUSETTS 01982-1399 or scan and email to applicationmaterials@pingree.org. This recommendation will remain confidential and will not become part of the student's permanent record. When you have completed it, please photocopy it and send it to Pingree School in the stamped envelope provided by the student. Thank you for your cooperation and candor.

NAME OF STUDENT

NAME OF TEACHER SCHOOL

SCHOOL ADDRESS

EMAIL ADDRESS DAYTIME PHONE

HOW LONG HAVE YOU KNOWN THE STUDENT?

WHAT WORDS WOULD YOU USE TO DESCRIBE THIS STUDENT?

Please list the courses you have taught this student and the level of course difficulty (accelerated, honors, regular, etc.), beginning with the most recent.

LIST TEXT(S) USED IN THIS COURSE AND THE CHAPTERS YOU EXPECT TO COVER BY THE END OF THE YEAR

What are the student's strengths both as a student and a community member?

What is the one thing this student should focus on to continue developing as a student of mathematics?

Do you feel that the student's perception of their own ability and progress in mathematics is in line with your own? If not, please briefly describe the situation.

Please place check marks at the points that represent your evaluation of the student in comparison to other students in this age group whom you have taught or advised. If you have no fair basis for judgement, 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 JUDGEMENT
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						

Is there any other information that you would like to provide us to help us get to know this student?

TEACHER SIGNATURE

DAYTIME PHONE

Thank you for taking the time to complete this evaluation.