THE Peck SCHOOL

Please download the file, open it using Adobe Acrobat/Reader or other, and complete.

MATH TEACHER REFERENCE REQUEST

GRADES 5 – 8

APPLICANT'S FIRST NAME MIDDLE LAST

This student has applied for admission to The Peck School and has given your name as a reference. In order that we may give this applicant every possible consideration, we would sincerely appreciate receiving the information requested below.
Your submission will be held in complete confidence.

1. How long have you known this student and in what context? _____
2. Please list courses you have taught this student and the level of course difficulty – Accelerated, Honors, Regular, etc.

   _____

   _____
3. What are the first words that come to mind when describing this student? _____

   _____
4. Please evaluate the student in the following areas *(√ check appropriate boxes)*:

	Limited	Fair	Average	Good	Excellent
Computation Accuracy					
Speed					
Knowledge of Concepts					
Legibility of Work					
Problem Solving					

Title of this year's course: _____

Textbook(s) used: _____

Grade achieved: _____

In the event that our office will need to verify/discuss the information provided, please complete the below:

Teacher Name (please print): _____

Signature: _____ *Course Taught:* _____

School Name: _____

School Address: _____

_____ *Date:* _____

E-mail Address: _____ *Telephone:* _____

Kindly return to: admissions@peckschool.org
Admissions Office • The Peck School • 247 South Street • Morristown, NJ 07960 • 973.539.8660