



## MATH TEACHER RECOMMENDATION / GRADES 5-8

The student below has applied to The Christ School. Your recommendation is an important part of our selection process. The applicant's file will not be complete without the return of this completed form by U.S. Mail or fax. Be assured that your recommendation will remain confidential. **Thank you for your prompt response.**

Name of applicant: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Course: \_\_\_\_\_ How long have you known the applicant? \_\_\_\_\_

Please circle the appropriate response:

	Poor	Below Average	Average	Above Average	Outstanding
<b><u>Academic Evaluation:</u></b>					
Academic potential	1	2	3	4	5
Academic performance	1	2	3	4	5
Initiative/Motivation	1	2	3	4	5
Study habits	1	2	3	4	5
Self discipline	1	2	3	4	5
Serious of purpose	1	2	3	4	5
Completion of assignments	1	2	3	4	5
Creativity	1	2	3	4	5

### **Character Evaluation:**

Classroom conduct	1	2	3	4	5
Concern for others	1	2	3	4	5
Respect for adults	1	2	3	4	5
Adaptability	1	2	3	4	5
Leadership potential	1	2	3	4	5
Maturity	1	2	3	4	5
Emotional stability	1	2	3	4	5
Dependability	1	2	3	4	5
Sense of humor	1	2	3	4	5
Personal integrity	1	2	3	4	5
Enthusiasm	1	2	3	4	5

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1. Please indicate the strength of your recommendation regarding this student's candidacy for admission by checking the appropriate response.

Enthusiastically	_____	Strongly	_____
Fairly Strongly	_____	Without Enthusiasm	_____
Do Not Recommend	_____		

Explanation:

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2. Please describe the student's history of attendance in your class (frequency of absences).

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3. Based upon your personal experience and knowledge of this child, do you believe he/she has any learning differences, disabilities, or special needs? If yes, please explain:

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4. Describe any factors that might affect the student's academic progress.

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5. Are the parents supportive of your school and school policies? Yes \_\_\_\_ No \_\_\_\_

6. Please provide any other information which you feel will be useful in our assessment of this applicant. Your comments will remain confidential.

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Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Position: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Please mail or fax this form directly to:**

**Admission Office  
The Christ School  
106 E. Church Street  
Orlando, FL 32801  
Fax: 407.481.2325**