



## MATH TEACHER RECOMMENDATION

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Name of Applicant

Current Grade

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Applicant's Signature

Date

**To the Parent/Guardian:**

*Please read and sign the statement below.*

I acknowledge that I waive my right to read the confidential teacher recommendation and the school report for the student listed above.

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Printed Name of Parent or Guardian

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Parent or Guardian's Signature

Date

**To the Math Teacher:**

How long have you known the applicant, and what courses have you taught him or her?

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Please describe your course. It is helpful to know which texts are used and if the students are grouped by ability.

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What math course would you recommend the student take next year?

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The courses listed below follow the sequence typical in many U. S. high schools. If your school does not follow this sequence, please attach a copy of your curriculum. Please check those courses or list others, which the student will have completed by the end of the current school year:

- |  |   |
|--|---|
| <input type="checkbox"/> Basic Algebra I                   | <input type="checkbox"/> Pre-calculus (including analytical trigonometry) |
| <input type="checkbox"/> Algebra I (includes quadratics)   | <input type="checkbox"/> Introduction to Calculus                         |
| <input type="checkbox"/> Geometry                          | <input type="checkbox"/> Calculus (Advanced Placement AB)                 |
| <input type="checkbox"/> Algebra II (without trigonometry) | <input type="checkbox"/> Calculus (Advanced Placement BC)                 |
| <input type="checkbox"/> Algebra II (with trigonometry)    | <input type="checkbox"/> _____  |

How well does the student accept advice or criticism?

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Please make an assessment of the applicant in comparison to other students in his or her age group whom you have taught.

|  | One of the top few | Excellent | Above Average | Average | Below Average | No basis for judgement. |
|--|--------------------|-----------|---------------|---------|---------------|-------------------------|
| Knowledge in the basic skills.   |                    |           |               |         |               |                         |
| Accuracy in the use of basic skills.   |                    |           |               |         |               |                         |
| Reasoning ability  |                    |           |               |         |               |                         |
| Understanding of and appreciation for the underlying ideas & concepts        |                    |           |               |         |               |                         |
| Effort   |                    |           |               |         |               |                         |
| Overall performance  |                    |           |               |         |               |                         |
| Willingness to accept the challenge of more difficult problems & exercises   |                    |           |               |         |               |                         |
| Command of mathematics when compared to other students whom you have taught. |                    |           |               |         |               |                         |

Please make an assessment of the applicant by filling out the following table:

|                        | Excellent | Above Average | Average | Below Average | Does Not Apply |
|------------------------|-----------|---------------|---------|---------------|----------------|
| Written Ability        |           |               |         |               |                |
| Oral Ability           |           |               |         |               |                |
| Academic Motivation    |           |               |         |               |                |
| Organizational Skills  |           |               |         |               |                |
| Daily Preparation      |           |               |         |               |                |
| Class Participation    |           |               |         |               |                |
| Creativity             |           |               |         |               |                |
| Effort / Determination |           |               |         |               |                |
| Moral Responsibility   |           |               |         |               |                |
| Leadership             |           |               |         |               |                |
| Sense of Humor         |           |               |         |               |                |
| Emotional Stability    |           |               |         |               |                |
| Concern for Others     |           |               |         |               |                |
| Honesty / Integrity    |           |               |         |               |                |
| Maturity               |           |               |         |               |                |

We welcome any additional remarks. You may use this space to comment further on this candidate's strengths, weaknesses and personal traits.

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I recommend this candidate for admission to Lincoln Academy

|              | Highly | Without Hesitation | With Hesitation | Not Recommended |
|--------------|--------|--------------------|-----------------|-----------------|
| Academically |        |                    |                 |                 |
| Personally   |        |                    |                 |                 |

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Print Name \_\_\_\_\_ Title \_\_\_\_\_

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School Name & Address \_\_\_\_\_

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E-mail Address \_\_\_\_\_ Telephone (include country, city, & area codes) \_\_\_\_\_