

# SIXTH THROUGH TWELFTH GRADE



## MATH TEACHER RECOMMENDATION FORM

Applicant Name \_\_\_\_\_ Applying for Grade \_\_\_\_\_  
Last First Middle

Teacher's Name \_\_\_\_\_

School \_\_\_\_\_

Course & Grade You Taught Applicant \_\_\_\_\_

Please circle one that applies    Regular    College Prep Honors    Advance Placement    Text Used \_\_\_\_\_

ACADEMIC PERFORMANCE	Superior	Good	Average	Below Average	Poor
Math Facts/Computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math Concept Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has tutoring or outside help been recommended?  Yes  No

If yes, please explain. \_\_\_\_\_

STUDY HABITS	Superior	Good	Average	Below Average	Poor
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation/Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes Work on Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL CHARACTERISTICS	Superior	Good	Average	Below Average	Poor
Peer Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assuming of Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citizenship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment briefly about:

1. Applicant's greatest strength and /or talents:
  
2. Special areas (academic, emotional and social) that may need to be addressed:
  
3. Participation in extracurricular activities:
  
4. Special comments (i.e., anecdotal observations, disciplinary concerns, etc.):

5. Parent Information: Please check the appropriate boxes below.

- |                                      |  |   |  |
|--------------------------------------|--|---|--|
| Cooperation with faculty             | <input type="checkbox"/> Always          | <input type="checkbox"/> Sometimes              | <input type="checkbox"/> Rarely          |
| Expectations for student             | <input type="checkbox"/> Realistic       | <input type="checkbox"/> Unrealistic            | <input type="checkbox"/> Unknown         |
| Participation in student's education | <input type="checkbox"/> Overly involved | <input type="checkbox"/> Appropriately involved | <input type="checkbox"/> Rarely involved |

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

Title/Position \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_

If you do not wish to complete this form, may we contact you by phone using the above telephone number?  Yes  No

**Thank you for your assistance in providing us with this information.**

**Please return this form to:**  
Grace Christian Academy  
Admissions Office  
5914 Beaver Ridge Road  
Knoxville, Tennessee 37931  
or fax to  
865.531.2574