

# Math Teacher Recommendation



To be completed by current MathTeacher.

Name of applicant \_\_\_\_\_

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

In what courses have you taught this student? \_\_\_\_\_

What tests are you using in this course? \_\_\_\_\_

Section level:    Advanced    Regular    Slow

How well does the applicant comprehend mathematical concepts in comparison with other students you have taught? Please be specific about her strengths and weaknesses. \_\_\_\_\_

Please share with us your thoughts regarding this student's presence in your class and in the school community. Do you enjoy having her in your class? \_\_\_\_\_

Are there outside factors (i.e., family, physical needs, etc.) that we should know about this student? Please explain. \_\_\_\_\_

Please evaluate the candidate in relation to other students of the same age and grade that you have taught in mathematics by checking the appropriate spaces below:

	Truly Outstanding	Excellent	Good	Average	Below Average
Mathematical Aptitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Basic Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy Using Basic Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content/Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-Solving Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasoning Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding Abstract Concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct/Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability/Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

After considering this student's academic and personal qualities, how would you recommend this candidate to Brenau Academy?

Enthusiastically       Confidently       With Reservations\*       Do Not Recommend\*

\* (Please explain) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Thank you for your assistance. Please be assured that your comments will be given full consideration and will be treated confidentially.

Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ School \_\_\_\_\_

Signature \_\_\_\_\_

**Return to:**  
 Brenau Academy  
 Office of Admissions  
 500 Washington St. SE

Gainesville, GA 30501