

MATH RECOMMENDATION FOR STUDENTS IN 6th to 12th GRADES

-To be filled out by School-

Name of Applicant:

Grade:

This student is seeking admission to Chapel School. In order to consider the student for admission, we ask you to evaluate this student's strengths and weakness, both as a student and as a person. Your honesty will help ensure that Chapel School is the proper setting for the applicant. This information will remain confidential and will not be released to anyone.

Name of evaluator		Job Title / Subject Taught	
E-mail		Phone Number	
Signature		Date	mm/dd/yyyy

In order to place the student on the proper Mathematics course, please check those courses or list other which the student will have completed this school year.

- Pre-Algebra
- Algebra
- Geometry
- Algebra II (not including trigonometry)
- Algebra II and Trigonometry
- Pre Calculus
- AP Mathematics
- IB Math Studies
- IB Mathematics SL
- IB Mathematics HL
- Other (please specify):

- Please indicate your impressions of the student:

	Excellent	Good	Fair	Below Average	Poor	No basis for judgment
Academic achievement	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehension of fundamental principles	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Problem solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Does the student perform to his/her full potential in Mathematics? Yes No

Please explain:

- Does the student have any weakness or limitations in Mathematics? Yes No

Please explain:

- How does the student's command of Mathematics compare to other students you have taught?

- Are there any additional comments you would like to make regarding the applicant?

Academically	<input type="checkbox"/> Highly Recommend	<input type="checkbox"/> Recommend	<input type="checkbox"/> Recommend with Reservation	<input type="checkbox"/> Do not Recommend
Character	<input type="checkbox"/> Highly Recommend	<input type="checkbox"/> Recommend	<input type="checkbox"/> Recommend with Reservation	<input type="checkbox"/> Do not Recommend

Please return this form by mail, fax or e-mail.

Chapel School
Escola Maria Imaculada
Admissions Office

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Thank you very much for completing this evaluation. All the information will be held in confidence.