



MATH RECOMMENDATION FOR STUDENTS IN 6th to 12th GRADES

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. Once completed, please return it sealed to:

Chapel School
 Escola Maria Imaculada
 Admissions Office
 Rua Vigário João de Pontes, 537
 CEP 04748-000 São Paulo – SP – Brazil
 Phone: (55) 11- 2101-7400 Fax: (55) 11- 5521-7763
Admissions@chapelschool.com
 Web page: www.chapelschool.com

We appreciate it and thank you for your cooperation.

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	Poor	Below Average
Academic achievement	<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"/>
Integrity	<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"/>
Organization	<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"/>
Self-discipline	<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"/>
Self-esteem	<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"/>

Reasoning ability	<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"/>

Does the student perform to his/her full potential in Mathematics?
Please comment.

Does the student have any weakness or limitations in Mathematics? Yes No
Please elaborate your answer:

Please elaborate on the student's command of Mathematics when compared to other students you have taught.

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

Specific Recommendation

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

Name of evaluator		Position	
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C
CHAPEL
ESCOLA MARIA IMACULADA
THE INTERNATIONAL AMERICAN SCHOOL OF BRAZIL

E-mail		Phone Number	
Signature		Date	mm/dd/yyyy