



Athol Murray College of Notre Dame

Mathematics Teacher Recommendation Form

2012 - 2013

(please print clearly)

Applicant & Parent/Guardian:

Please complete the section below and forward this form to your Mathematics teacher, along with the envelope provided (postage is required).

I/We waive our right to read this confidential recommendation and the school report on behalf of

Date: _____ / _____ / _____
Year Month Day

Grade Applying: _____

Student Name: _____
Last Name First & Second Names

Parent Name: _____
Father's Full Name Mother's Full Name

Address: _____
Street City Province Postal Code

Home Phone: () _____ Cell Phone: () _____

Signature of Student Signature of Parent or Guardian

Teacher:

**This recommendation will remain confidential.
Please complete and return to Notre Dame College in the envelope provided.**

How well do you know the student academically? _____

What years did you teach the student? _____

Is the course core curriculum, honors or advanced placement? _____

Briefly describe your course, what texts are used and if the students are grouped by ability.

Next year, what math course would be the most appropriate placement for the student? _____

What are the first three words that come to mind when you describe this student:

Please comment on the student's in class behavior:

(over)

Student's Mathematical Evaluation:

	One of the Top I've Taught	Excellent	Above Average	Average	Below Average	No Basis for Judgment
Knowledge of Basic Skills						
Accuracy in Use of Basic Skills						
Problem Solving Ability						
Reasoning Ability						
Understanding Ideas & Concepts						
Effort						
Overall Performance						
Accepts Extra Challenges						

Please evaluate student in the areas listed below:

	One of the Top I've Taught	Excellent	Above Average	Average	Below Average	No Basis for Judgment
Academic Potential						
Academic Achievement						
Ability to Work Independently						
Effort						
Organization						
Creativity						
Concern for Others						
Honesty/Integrity						
Self-Esteem						
Maturity						
Responsibility						
Respect to Faculty						
Respect to Peers						
Emotional Stability						
Overall Evaluation as a Student						

Please provide details if you have evaluated the student below average in any one of the areas listed above:

Thank you for taking the time to complete this evaluation.

Date: _____

Name (Please Print)

Signature

School

Mailing Address

Email Address () Fax () Telephone