RIDGE MANOR CHRISTIAN ACADEMY

Teacher's Name

Teacher's Signature

This information _____may or _____may not be discussed with parents

Math Teacher Recommendation Form

WAIVER: By signing below, I agree to waive my right of access to any information provided to Ridge Manor Christian Academy by the teacher/administrator who completes this form: Therefore, I give permission to release the information below. Parent's Signature Current Grade: _____ Student's Name: ____ **Dear Math Teacher:** Please complete this form as thoroughly as possible. The applicant's file will not be complete without the return of this form. We appreciate your time and comments. How long have you know the student? _____ What is your teaching relationship to the student? Based on your personal experience and knowledge of this student, what is your assessment of his/her strengths and inclinations? Please circle the appropriate response below and comment on any number marked lower than 2: Below Average Above Outstanding Average Average 1 2 3 4 Academic Potential 1 2 3 4 Academic Achievement 1 2 3 Initiative/Motivation 2 3 1 4 Self-discipline 1 2 3 4 Leadership Potential 2 3 4 Personal Integrity 1 2 3 4 Conduct and Discipline 1 2 3 4 Respect for Adults 1 2 3 4 Concern for Others 1 2 3 4 Dependability 2 3 1 4 Overall Recommendation Has student mastered grade level math skills/concepts necessary for success at the next level? Yes No If no, please explain Is this recommendation consistent with his/her report card? Yes No Please describe this student's strengths and inclinations, including any challenges in meeting the needs of this student. School Phone School Name __ School Address

Phone

___ Dates the child attended this school ___

Date