



Boston Trinity Academy: Office of Admission

MATH TEACHER EVALUATION

CONFIDENTIAL

617-364-3700
admission@bostontrinity.org
17 Hale St, Boston, MA 02136

APPLICANT'S NAME:

CURRENT GRADE:

TO PARENTS: Please ask your student's current math teacher to complete this evaluation form and then email this form to him or her. If requested, print out a copy and personally deliver it to the teacher, making sure to include a stamped envelope addressed to Boston Trinity Academy. The teacher should return the form directly to Boston Trinity via email, fax, or mail. Your signature on the main application form indicates you are waiving your right to review this teacher's evaluation.

TO THE TEACHER: This form is to be completed by the current math teacher of the above-named applicant to Boston Trinity Academy. Your candid remarks regarding the character and academic capabilities of the student are a highly valued part of our admission decision process. Please fill out this form and save a copy before emailing it back to us. If you prefer, students can provide you with a printed copy. The completed form should be returned directly to Boston Trinity Academy via email (from your school account), fax, or mail.

The deadline for regular admission is JANUARY 31; please return the form before this date.

Boston Trinity Academy admits qualified applicants of any race, religious affiliation, or national and ethnic origin to the school and all the rights, privileges, programs, and activities generally accorded or made available at the school. For more information on Boston Trinity Academy, please visit: www.bostontrinity.org.

I. CHARACTER AND PERSONALITY TRAITS (select best descriptor)

Integrity and responsibility	<input type="checkbox"/> always	<input type="checkbox"/> usually	<input type="checkbox"/> occasionally	<input type="checkbox"/> seldom	<input type="checkbox"/> see comments
Respect and concern for others	<input type="checkbox"/> always	<input type="checkbox"/> usually	<input type="checkbox"/> occasionally	<input type="checkbox"/> seldom	<input type="checkbox"/> see comments
Determination/perseverance	<input type="checkbox"/> always	<input type="checkbox"/> usually	<input type="checkbox"/> occasionally	<input type="checkbox"/> seldom	<input type="checkbox"/> see comments
Self-confidence	<input type="checkbox"/> healthy	<input type="checkbox"/> needs support	<input type="checkbox"/> overconfident	<input type="checkbox"/> poor	<input type="checkbox"/> see comments
Self-control	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> often distracted	<input type="checkbox"/> often disruptive	<input type="checkbox"/> see comments
Social relationships with peers	<input type="checkbox"/> well developed	<input type="checkbox"/> age appropriate	<input type="checkbox"/> developing	<input type="checkbox"/> relates poorly	<input type="checkbox"/> see comments
Interactions with teachers/adults	<input type="checkbox"/> healthy	<input type="checkbox"/> cautious	<input type="checkbox"/> dependent	<input type="checkbox"/> avoids contact	<input type="checkbox"/> see comments
Response to advice/criticism	<input type="checkbox"/> appreciative	<input type="checkbox"/> thoughtful	<input type="checkbox"/> defensive	<input type="checkbox"/> non-responsive	<input type="checkbox"/> see comments
Leadership ability	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> poor	<input type="checkbox"/> see comments
Contribution to the community	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> poor	<input type="checkbox"/> see comments

Please add your comments:

II. MATH SKILLS (select best descriptor)

	excellent	above average	average	below average	no basis for judgment
Facility with:					
addition and subtraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
multiplication and division	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fractions and decimals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
percentages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
perimeter and area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
place value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
positive and negative numbers/integers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasoning skills:					
algebraic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
geometric	<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"/>
accuracy of computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
facility with tools/technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add your comments:

If the student misses a question, it is most likely for the following reason(s) (select as many as apply):
 question too difficult misreading question carelessness lack of effort rarely an issue see comments

Please add your comments:

Please give the name of the math course taken by the student this year, along with the titles and publishers of texts used in the course:

Please select the math course that the student should be prepared to enter next year:

Basic Arithmetic Algebra I Pre-Calculus
 Pre-Algebra Geometry AP Calculus AB
 Algebra II AP Calculus BC

III. ACADEMIC ASSESSMENT (select best descriptor)

	excellent	above average	average	below average	no basis for judgment
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort	<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"/>
Quality of class notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to take intellectual risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in small groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation as a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add your comments. Is there anything else that you think is important for us to know about this student?

Thank you for completing this student's evaluation. Your input is invaluable to us as we seek to best serve this applicant.

Name:

Date:

Position:

Email:

School name:

School telephone:

School address:

Please return this form directly to Boston Trinity Academy
 Email: admission@bostontrinity.org Fax: 617-364-3800 Mail: 17 Hale St, Boston, MA 02136