**Notre Dame High School**  
**Math Teacher Recommendation Form**

**Due: January 24, 2020**

**To the Student:** Please type or print your name and give this form to your current Mathematics Teacher with a stamped envelope addressed to the Director of Admissions.

Student Name: ____________________________________________

Current School: ____________________________________________

**To the Teacher:** Please complete this form. The information you provide will assist the Mathematics Department at Notre Dame High School to place this student in the most appropriate level of Mathematics. This recommendation will remain confidential and will not become part of this student’s permanent record. We sincerely appreciate your cooperation and candor. The completed form should be mailed or hand delivered to Notre Dame High School’s Admissions Office by January 24, 2020.

1. Current Report Card Grade: _____________

2. **Student’s Present Mathematics Level**
   - Pre-Algebra
   - Algebra I (High School Equivalent)
   - Geometry (High School Equivalent)
   - Algebra .5 (First Semester Only)
   - Integrated Mathematics (High School Equivalent)
   - Other _____________
   - Regular
   - Honors
   - Off Site
   - On Site
   - Remedial

   Textbook and Author: ____________________________________________

   Current Chapter (Number and Title): ______________________________

   Projected Chapter of completion by end of year (Number and Title): __________________________

   Calculators are used: for all activities and tests ☐ only at specific times ☐

   Please specify: ________________________________________________

3. Comment on this student’s mathematics skills. (Consider ability to retain mathematical relationships and principles, drawing generalizations, applying basic principles to word problems, and relying on memory versus conceptual processes.)

   ________________________________________________________________

4. Academically, does she need prodding or additional supervision? ☐ Yes ☐ No

   Have absences affected this student’s classroom performance? ☐ Yes ☐ No  
   Please elaborate:

   ________________________________________________________________

5. Is there additional information regarding this student that could be conveyed more effectively in a telephone conversation? ☐ Yes ☐ No

   **Mathematics Placement Recommendation:**
   - Algebra
   - Geometry
   - Honors Geometry
   - Algebra II
   - Honors Algebra II
   - Other _____________

   Signature: _____________________________________________________ Date: ______________________

   Print Name: __________________________________________________ Position: __________________________

   School: ____________________________________________________ Phone: ______________________

This report will not be disclosed to the applicant. It will be available only to those involved in our admission decision process.