



Atlanta Jewish Academy

Math Teacher Recommendation

Thank you for taking the time to share your thoughts with us. We value your input and perspective.

Erica Gal, Director of Admissions

678-298-5377

All comments will be held in strictest confidence; information will be used only for admissions purposes and will not become part of the student's permanent record file.

Student's Name: _____
First Middle Last

Your Name: _____
First Last

1. Please list the subject taught and level of difficulty: _____

2. How long have you known this student and in what capacity? (i.e. class, club, etc.) _____

3. Describe this student to the best of your ability. _____

4. Please check the category that best applies to the student:

	Exceptional	Above Average	Average	Below Average
Creative ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent thought and action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult and social interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What are the academic strengths and weaknesses of this student? (e.g. diligence, desire to learn, curiosity, class leadership, achievement in relationship to potential, preparation and completion of homework).

6. Would you recommend this student for Honors Level Math?

7. Would you recommend this student receive academic support? If so, why?

Thank you for completing the Math Teacher Recommendation.

Signature

Please Print Name & Date

Name of School

Street

City

State

Zip

County

Phone Number

Month

Day

Year

Atlanta Jewish Academy

5200 Northland Drive Atlanta, GA 30342

Phone: 404-843-9900 Fax: 404-252-0934

Atljewishacademy.org

Please feel encourage to contact Erica Gal with your questions