



Bishop Foley Catholic High School

International Student MATHEMATICS ASSESSMENT FORM

STUDENT NAME AS SHOWN ON PASSPORT _____
 Last Name (family name) First Name (given name) Middle Name

STUDENT PREFERRED NAME _____ BIRTH DATE _____/_____/_____ Male Female

Applicant: The remaining information must be completed by a teacher at your current school. Please give your teacher the application deadline.

TO THE MATHEMATICS TEACHER

Please complete and sign this Mathematics Assessment Form. Information you provide will be kept confidential and will not become part of the student's school record. Your signature confirms you completed the form and provided accurate information to the best of your ability. If you have questions, contact the Admissions Director, Audrey Sharp at 248.658.2038 or sharp@bishopfoley.org

TEACHER NAME _____ SUBJECT/GRADE YOU TEACH _____

SCHOOL _____ COUNTRY _____

MAILING ADDRESS _____

PHONE (_____) _____ - _____ EMAIL _____

HOW LONG HAVE YOU KNOWN THE APPLICANT _____ IN WHAT CAPACITY _____

SIGNATURE _____ DATE _____/_____/_____

CANNOT JUDGE	AREA OF ASSESSMENT	MASTERED	SOME EXPERIENCE	NO EXPERIENCE	COMMENTS
	Basic Computation with fractions, decimals and negative numbers				
	Evaluating expressions following the order of operations				
	exponents and radicals				
	areas and perimeters of polygons and circles				
	volumes and surface areas of solids				
	Solving linear equations				
	linear inequalities				
	systems of linear equations				
	quadratic equations				
	rational equations				
	trigonometric equations				
	Proving congruent or similar polygons				
	Applying Pythagorean Theorem				
	Graphing linear functions				
	quadratic equations				
	Trigonometry functions (sine, cosine, tangent)				
	reciprocal functions				
	Other higher level mathematics (please specify)				