

**MATH TEACHER
RECOMMENDATION 9TH-12TH GRADE**



NAME OF APPLICANT _____ APPLICANT FOR GRADE _____

PARENT OR GUARDIAN: Read and sign the following before giving this to your student's teacher. Please include an addressed/stamped envelope for each teacher. I understand and agree that the information contained on this Teacher Recommendation Form is confidential and will be used only in the selection of applicants and will not become part of the applicant's permanent file. I also agree that this completed form will not be available to applicants or parents, and I waive any right that I may have to see it.

Signature of Parent or Guardian

Date

TEACHERS: Please complete this confidential form and return to Cristo Rey Admissions Office. This Teacher Recommendation Form will be treated confidentially and will not be shared with parents. Thank you for your cooperation and candor.

The student's application cannot be processed until this form is received by our Admissions Team.

**Return to: Cristo Rey Richmond Admissions | 304 N. Sheppard St, Richmond, VA 23221
or Admissions@CristoReyRichmond.org**

CLASSROOM PERFORMANCE	Excellent	Above Average	Average	Below Average
Listens to and follows teacher's instructions				
<i>Comments:</i>				
Is attentive to group discussions/activities				
<i>Comments:</i>				
Contributes appropriately to group discussions or activities				
<i>Comments:</i>				
Demonstrates ability to work independently				
<i>Comments:</i>				
Perseveres in spite of difficulty				
<i>Comments:</i>				
Works cooperatively				
<i>Comments:</i>				
Enjoys new challenges				
<i>Comments:</i>				
Demonstrates ability to stay on task				
<i>Comments:</i>				
Is respectful of faculty and staff				
<i>Comments:</i>				
SOCIAL SKILLS	Excellent	Above Average	Average	Below Average
Responds positively to constructive criticism				
<i>Comments:</i>				
Exhibits emotional maturity				
<i>Comments:</i>				
Demonstrates appropriate energy level				
<i>Comments:</i>				
Is respected by peers				
<i>Comments:</i>				

MATHEMATICAL ABILITY

Current Math Course: _____ Current grade in course: _____ %

Content Proficiency	M	S	U	Content Proficiency	M	S	U
Computation (+, -, x, ÷)				Graphing Linear Equations			
Number Sense				Problem- solving Skills			
Fractions & Decimals				Proportional Thinking			
Use of Integers				Geometry			
Multi-Step Equations	M= Mastery S= Satisfactory U= Unsatisfactory						

Circle the words that best describe this applicant.

Humorous	Responsible	Argumentative	Social	Positive Leader	Shy
Aggressive	Articulate	Impulsive	Well-liked	Self-disciplined	Self-centered
Cheerful	Anxious	Conscientious	Over-protected	Immature	Motivated
Organized	Helpful	Negative Leader	Easily Discouraged	Witty	Disobedient
Mature	Honest	Confident	Follower	Passive	Perfectionist

• **Briefly describe the applicant's work habits/abilities/challenges:** _____

This applicant should be placed in: Advanced Algebra I Algebra I Pre-Algebra Advanced Geometry Geometry
 Algebra II

• **Has the applicant ever received or is currently receiving any of the special services programs listed below?**

- Gifted Modified Curriculum Preferential Seating Extended Time IEP or 504
 Extra help or tutoring regularly Learning Disability

• **Is the applicant habitually tardy or absent?** Yes No **If yes, please explain:** _____

• **This applicant is:** Highly Recommended Recommended Recommended with reservation Not Recommended

If you checked "Recommended with Reservation" or "Not Recommended," please explain: _____

• **Is there anything regarding the applicant or family that would be helpful for the Admissions Committee to know?** _____

• **Is there information on this form that you would prefer to communicate by telephone?** Yes No

If yes, the Admissions Office will contact you.

Signature of Teacher: _____ Date: _____

Print Name: _____ How long have you known the applicant? _____

E-mail: _____ Phone: _____

Name of School & Address: _____