



Central Catholic High School Mathematics Teacher Recommendation



Please complete and return this form in the envelope provided.

The student named below has expressed interest in transferring to Central Catholic High School. We would appreciate your assistance in completing this checklist to help us assess the student's ability and guide us in meeting the student's needs in the math program. Thank you for any assistance you can give.

Applicant's Name: _____ Date: _____

Current School: _____ School Phone: _____

Current Math Class: _____

Current Teacher: _____ Signature: _____

Title and Publisher of Current Text: _____

Placement Recommendation: _____

Please rate the student on each of the items below using the following guideline:

Outstanding - always, almost always, superior
Good - often
Average - generally, fair
Poor - rarely, never, seldom, below average
NA - does not apply, never observed, don't know

Characteristic	Outstanding	Good	Average	Poor	NA
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic potential in math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance in math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical and abstract thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes assignments on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits/skills in math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributions to class in math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test results in math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works effectively in math groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation in math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I would like a telephone conference. Phone Number: _____

Please use the other side of this form for additional comments.

This recommendation will remain confidential and will not become part of the student's permanent record. Please be candid.

