



EASTMINSTER SCHOOL

TEACHER RECOMMENDATION FORM
MATH

Please submit this form to your child's current Math teacher. The person making the recommendation will mail it directly to the Admissions Office of Eastminster School, 2450 Lennox Road, Conyers Georgia 30094. Recommendations become the confidential property of Eastminster School and are not subject to applicant or parental review.

Student _____ Current Grade _____

School currently attending _____

Current School Address _____

City/State/Zip _____

School Phone Number _____

To be filled out by current Math teacher
and mailed to:
Admissions Office, Eastminster School, 2450 Lennox Road, Conyers, GA 30094

What is the name of your course and the text you are using?

What are the applicant's strengths in Math?

What are the applicant's weaknesses in Math?

To what extent does the applicant contribute in class discussion?

Eagerly Occasionally Seldom Never

Where does the applicant rank in your class? Top 10% Top 50% Bottom 50% Bottom 10%

RECOMMENDATION AS A STUDENT

Please check the appropriate box.

	Excellent	Good	Average	Poor
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reactions to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility & promptness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECOMMENDATION AS A PERSON

Please check the appropriate box.

	Excellent	Good	Average	Poor
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer compatibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warmth of personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty & integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spirit of cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommendation for Applicant-Please check the appropriate math placement

PreAlgebra Algebra I Geometry Algebra II Trigonometry Calculus

Thank you for taking the time to complete this evaluation.

Signature _____ Name of School _____

Printed Name _____ Contact Number _____

Subject Area _____ Years you have known applicant _____