

Math Teacher Recommendation Form

(7th-12th)

To the Parent or Guardian:

Name of Applicant: _____ Current Grade: _____

Signature of Parent/Guardian: _____ Date: _____

School Name and Address: _____

Phone Number: _____ Fax Number: _____ School Website: _____

To the Teacher:

The student named above has made application to Oklahoma Christian School. Your honest evaluation of the applicant will be helpful to the Admission Committee. Please complete this form and send the original to Oklahoma Christian School in the envelope provided. You may keep a copy for your own records. Your comments will be held in the strictest confidence. Thank you very much for your assistance.

How long have you known the applicant? _____

Describe the candidate's strengths and weaknesses and how he/she functions in your classroom.

If the student is not prepared for class, it would probably be because the student:

___procrastinated___ has many other activities ___N/A, is usually prepared ___has a learning challenge

In what Math class did you teach the student? _____

What text(s) are used in the class? _____

For students entering grades 9 through 12, please check the most appropriate placement for this student:

Pre-Algebra Algebra 1 Geometry Algebra 2 Precalculus Calculus

Is the student habitually tardy or absent? _____ If yes, please elaborate. _____

Please check the appropriate ratings and complete the comment sections:

	excellent	good	average	below average
Academic potential	_____	_____	_____	_____
Academic achievement	_____	_____	_____	_____
Ability to express ideas in writing	_____	_____	_____	_____
Ability to express ideas orally	_____	_____	_____	_____
Participation in class	_____	_____	_____	_____
Study habits/organization	_____	_____	_____	_____
Response to suggestions/criticisms	_____	_____	_____	_____
Integrity	_____	_____	_____	_____
Creativity	_____	_____	_____	_____
Self confidence	_____	_____	_____	_____

To your knowledge, is the parent's perception of the child's ability consistent with the school's understanding of the child's ability?

My professional recommendation for this candidate for admission to OCS is:

enthusiastic strong with some reservation not recommended

As a student _____ _____ _____ _____
As a person _____ _____ _____ _____

Please describe any special teaching or testing accommodations/modifications that have been provided for the student. _____

Please use the following lines to share any additional information you believe will benefit the OCS Admission Committee. _____

Teacher's Name: _____

Name of School: _____

Address of School: _____

Phone Number: _____

Teacher's Signature: _____

* Please return this form in the envelope directly to: Oklahoma Christian School
P.O. Box 509
Edmond, OK 73083

