

SHARED TEACHER RECOMMENDATION

Grades Nine Through Twelve - MATH

Name of Applicant _____

Applicant for Grade _____

Parent or Guardian

Parent or Guardian: Please write your student's name in the space above and read and sign the following before giving this to your student's teacher. Please include an addressed/stamped envelope for each school you list below.

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, parents, or anyone outside of the Admissions Committee, and I waive any right that I may have to see it.

Signature of Parent or Guardian

Date

Please send this recommendation to the following Houston schools:

1. _____ Address _____ Zip _____

2. _____ Address _____ Zip _____

3. _____ Address _____ Zip _____

4. _____ Address _____ Zip _____

Teacher

Teacher: Please complete this form and return it in the enclosed envelope. This Teacher Recommendation form will be treated confidentially and will not be shared with parents. Thank you for your cooperation and honesty. **The student's application cannot be processed until this form is received in the Admissions Office.**

Academic Skills

Ratings	Truly Outstanding	Excellent	Above Average	Average	Below Average	Comments
Listens to and follows teacher's directions						
Is attentive to group discussions/activities						
Contributes appropriately to group discussions/activities						
Demonstrates ability to work independently						
Perseveres in spite of difficulty						
Works cooperatively						
Enjoys new challenges						
Demonstrates appropriate energy level						
Demonstrates ability to stay on task						
Exhibits appropriate work ethic						

Social Skills

Ratings	Truly Outstanding	Excellent	Above Average	Average	Below Average	Comments
Responds positively to constructive criticism						
Establishes friendships easily						
Is comfortable in a group						
Is respectful of faculty						
Is respected by peers						
Demonstrates self-control						
Takes responsibility for belongings						
Is cooperative						
Demonstrates appropriate behavior						
Exhibits emotional maturity						
Demonstrates appropriate energy level						
Takes pride in appearance						

Name of Applicant _____

Applicant for Grade _____

Mathematical Ability

<i>Ratings</i>	<i>Truly Outstanding</i>	<i>Excellent</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Comments</i>
Computational skills						
Problem-solving skills						
Mathematical reasoning						
Mathematical applications						

Circle the words that best describe this applicant.

- | | | | | |
|---------------|--------------------|-----------------|-----------------|------------------|
| Aggressive | Disobedient | Irritable | Organized | Self-disciplined |
| Anxious | Easily discouraged | Manipulative | Over-protected | Shy |
| Articulate | Follower | Mature | Perfectionist | Social |
| Cheerful | Helpful | Motivated | Positive leader | Vivacious |
| Confident | Honest | Negative leader | Responsible | Well-liked |
| Conscientious | Immature | Oppositional | Self-centered | Witty |

• Briefly describe the work habits/abilities/challenges. _____

• Is applicant habitually tardy or absent? Yes No

If yes, please explain. _____

• This applicant is:

- Highly Recommended (Top 5%) Strongly Recommended Recommended Recommended with Reservation Not Recommended

If you checked "Recommended with Reservation" or "Not Recommended," please explain. If the same recommendation is not appropriate for all the schools to which the applicant is applying, please explain. _____

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

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

• I would: like to be willing to discuss this applicant by telephone.

Signature of Teacher: _____	Date: _____
Print Name: _____	
Name of School: _____	Telephone: _____
School Address: _____	Home Telephone: _____

Director/Principal

	Consistently	Usually	Seldom	Not Observed
Parent(s) participate in school activities				
Parent(s) support school policies and procedures				

Signature of Director/Principal: _____ **Date:** _____