

# Recommendation Form

**Candidate's Name** \_\_\_\_\_ **Current Grade** \_\_\_\_\_  
LAST FIRST MIDDLE

How well do you know the student academically? \_\_\_\_\_ As a person? \_\_\_\_\_

In what years did you teach the student? \_\_\_\_\_ How large is the class? \_\_\_\_\_

What course(s)? \_\_\_\_\_ Is the student on a block schedule? \_\_\_\_\_

**Briefly describe your course.** It is especially helpful to know what texts are used and if the students are grouped by ability.

---



---

Is this math course part of an honors or accelerated math program?  Yes  No

**Candidate's Mathematical Background**

Please check the courses which the student will have completed by the end of the current school year.

- |   |   |
|---|---|
| <input type="checkbox"/> Pre-Algebra<br><input type="checkbox"/> Basic Algebra (does not include extensive study of rational expressions, irrational numbers and quadratic equations)<br><input type="checkbox"/> Basic Algebra (a thorough course which includes quadratics)<br><input type="checkbox"/> Intermediate Algebra (not including trigonometry)<br><input type="checkbox"/> Advanced Algebra (including numerical trigonometry through the laws of sine and cosine) | <input type="checkbox"/> Geometry<br><input type="checkbox"/> Pre-Calculus (including analytical trigonometry)<br><input type="checkbox"/> Calculus (an introduction)<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____ |
|---|---|

Please evaluate the candidate in relation to other students of the same age/grade you have taught. Please check the appropriate box for each item below

	EXCELLENT	GOOD	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGEMENT
Knowledge of Basic Skills						
Accuracy in the use of basic skills						
Problem-solving ability						
Reasoning ability						
Understanding of and appreciation for the underlying ideas and concepts						
Effort						
Willingness to accept the challenge of the more difficult problems and exercises						
Command of mathematics when compared to other students that you have taught						
Overall performance						

**THE BEACON ACADEMY**

Please place check marks at the points that represent your evaluation of the student in comparison to other students in their age group that you have taught.

	EXCELLENT (TOP 10%)	GOOD	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGEMENT
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Effort / Determination						
Ability to Work Independently						
Organization						
Creativity						
Class Participation						
Willingness to Take Intellectual Risks						
Concern for Others						
Honesty / Integrity						
Self-esteem						
Maturity (relative age)						
Responsibility						
Respect Accorded by Faculty						
Respect Accorded by Peers						
Emotional Stability						
Overall Evaluation as a Person						
Overall Evaluation as a Student						

If the student is relatively weak or strong in any areas listed above, please elaborate.

Please comment on this student's character, citizenship, and contributions to the school community.

Please add any additional information that will give us a more complete picture of the student.

**Thank you for your valuable time to complete this evaluation. Your reflections are an important part of the application.**

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SCHOOL

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
MAILING ADDRESS

Would you be willing to have us contact you for further information  Yes  No

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE