

Recommendation Form

Applicant's Name _____ Current Grade Level _____
LAST FIRST MIDDLE

To the Evaluator: Please complete this form in confidentiality and send it to admissions@beaconacademy.ph.

How well do you know the applicant? very well a little not at all

In what grade level did you teach the applicant? _____ How large is the class? _____

Course Title: _____ Is this math course part of an honor 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.

- Arithmetic: Please specify _____
- Algebra: Please specify _____
- Geometry: Please specify _____
- Trigonometry: Please specify _____
- Statistics: Please specify _____
- Calculus: Please specify _____
- Others. Please specify _____

ADDITIONAL INFORMATION (Please explain any yes answers in more detail below)

Question	Additional Information (please specify)
Are you aware of any learning/ behavioral support that has been provided to this applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you observed any signs of learning disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you observed any special education needs/ special concerns? For example: speech, language, health, others. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this applicant received any special accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please evaluate the applicant in relation to other students of the same age/grade you have taught. Please check (✓) the appropriate box for each item.

	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						
Command of mathematics when compared to other students that you have taught						
Overall performance in mathematics						

Please evaluate the applicant in relation to other students of the same age/grade you have taught. Please check (✓) the appropriate box for each item.

	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 applicant is relatively weak or strong in any areas listed above, please elaborate.

Please comment on this applicant's character and contributions to the school community.

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

Your overall recommendation of this applicant:

Highly Recommended Recommended Recommended with Reservations Not Recommended

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

NAME (PLEASE PRINT)

POSITION

NAME OF SCHOOL

E-MAIL ADDRESS

SCHOOL ADDRESS

CONTACT NUMBER

Would you be willing to have us contact you for further information?

through email

through phone

Yes

No

SIGNATURE

DATE