



FAITH CHRISTIAN SCHOOL

Grades 6-12 Mathematics Teacher Recommendation Form

PARENTS: Please print your child's name and grade information in the space provided and give this form to your child's current teacher. Attach a stamped envelope addressed to:

**Director of Enrollment, Faith Christian School
3585 Buck Mountain Road
Roanoke, VA 24018**

Name of Student	Age	Current Grade	Applying Grade
-----------------	-----	---------------	----------------

TO THE TEACHER: The student named above is applying for admission to Faith Christian School. Your help is needed in providing information about the student. We value your comments highly and hope that you will complete this form in a way that will help us learn more about the student. Please be aware that your responses will be kept **confidential** and are only part of the information about the student which will be used in the application process. Please return this form in a timely manner.

Name of Teacher	Title
-----------------	-------

Name of School	How long have you taught this student?
----------------	--

Briefly describe the focus and level of the course(s) this student has taken with you. Are students grouped by ability? Is this an honors course?

Please place check marks in the column that best represents your evaluation of the student.

	SUPERIOR	EXCELLENT	GOOD	FAIR	POOR
Knowledge of the basic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy in the use of basic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasoning ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding of and appreciation for the underlying ideas and concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to accept the challenge of the more difficult problems and exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Command of mathematics when compared to other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please place check marks in the column that best represents your evaluation of the student.	One of the top few I have ever encountered	Excellent (top 10% this year)	Good (above average)	Average	Below Average	No basis for judgment
Academic potential						
Academic achievement						
Effort and determination						
Ability to work independently						
Ability to work with others						
Organization						
Attention span						
Completes work on time						
Creativity						
Responsibility						
Responds positively to correction						
Exercises self-control						
Is respectful to peers						
Is respectful to teachers and other adults						
Honesty and integrity						
Maturity (relative to age)						
Overall evaluation as a person						
Overall evaluation as a student						

Does the student have any outstanding abilities or deficiencies?

Does the student have significant limitations which have hindered his/her achievement?

Are parents cooperative and supportive of the school? Yes No

Has any disciplinary action ever been taken regarding this student? Yes No

Explanation _____

Thank you for taking the time to complete this evaluation.

Signed _____ Date _____

Mailing Address _____ City _____ State _____

Email Address _____ Telephone _____