CONFIDENTIAL TEACHER RECOMMENDATION
MATH - GRADES 6TH – 12TH

To the teacher: As a part of the GMC Prep application process, we require a recommendation from a current Math teacher for each prospective student. We appreciate your cooperation in completing this form. We appreciate your cooperation in completing this form. Please complete both pages and email to lmoody@gmc.edu. This recommendation is confidential and will not be made available for parental review.

Student's Name *(Last, First, Middle)* _____ Current Grade _____

Current School _____ Phone Number _____

Email Address _____ Teacher's Name (Print) _____

How long have you known this applicant? _____ Year(s) _____Months

Compared to other students you have taught, please indicate your rating of this student:

PERFORMANCE	Exceeds Expectations	Meets Expectations	Needs Development
Creativity, original thinking			
Motivation			
Ability to work independently			
Ability to work in a small group			
Follows Directions - written			
Follows Directions - verbal			
Intellectual curiosity			
Participation in class discussion			
Initiative in seeking help			
Ability to grasp new ideas quickly			
Retention of learned material			

WORK ETHIC	Always	Usually	Seldom
Completes classwork			
Completes homework			
Meets long-term deadlines			
Works Neatly			
Organizes materials			
Manages time well			

Where would you place the applicant's current performance in Math?

_____ Below Grade Level _____ On Grade Level _____ Above Grade Level

SKILLS	Excellent	Above Average	Average	Below Average
Addition/Subtraction				
Multiplication/Division				
Fractions/Decimals				
Word Problems				
Note Taking Skills				

Course Title: _____ Course Level _____

Please comment on the following:

Emotional development – confidence, ability to handle frustration, relative maturity:

Personal qualities – leadership, character, honesty, citizenship, responsibility, concern for others:

Interaction with other students – cooperation, respecting the rights of others, taking responsibility of own actions, friendliness:

Involvement outside the classroom – athletics, clubs, fine arts, student government:

Is his/her academic achievement equivalent to his/her ability?

Do the parents participate in the student's education and do they address concerns in an appropriate manner?

To your knowledge, has the applicant been tested for learning disabilities, received psychological counseling, or prescribed medication for hyperactivity/emotional disorders? If so, please explain. If no, should they be?

If you have any other comment or information that might be helpful, please continue on a separate page and include with this document.

_____ _____

Teacher Signature *(Electronic signature is acceptable)* Date