

# MATH TEACHER RECOMMENDATION FORM

(PLEASE HAVE YOUR STUDENT'S CURRENT TEACHER COMPLETE THIS FORM.)

Name of Student \_\_\_\_\_ Grade: \_\_\_\_\_  
 (Please Print) First Name Last Name

This student is seeking admission to FIRST BAPTIST ACADEMY HIGH SCHOOL. We would appreciate your observations about the areas listed below. You may indicate your ratings by number (1-5) in the right-hand column. Please use a question mark to indicate insufficient evidence on which to make a judgment. If you wish to discuss this student personally rather than complete this form, please check here ( ), sign the form, and note your telephone number. The high school principal will contact you.

AREAS	1	2	3	4	5	YOUR RATE
Academic Ability	Exceptionally promising, high honor roll	Fine Student, probably honor roll	Capable of passing work, but not honors	Marginal ability	Poor academic risk	
Time Management	Excellent	Good	Average	Below Average	Poor	
Initiative & Drive	Outstanding, resourceful	Well above average	Generally strong enough	Occasionally weak or lacking	Very weak	
Personal Qualities	Outstanding person, tops in all respects	Considerable appeal, generally quite strong	Generally okay, no strengths, no weaknesses	Not very appealing, immature	Poor impression, unstable, very immature	
Emotional Stability	Exceptionally stable	Well-balanced	Usually well-balanced	Excitable or unresponsive	Hyper-emotional or apathetic	
Recommendation as a Student	Outstanding	Excellent	Good	Fair	Poor	
Recommendation as a Person	Outstanding	Excellent	Good	Fair	Poor	

Please check the appropriate boxes:

	Always	Often	Sometimes	Never
A. Understands and accepts responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Accepts authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Concentrates on tasks without difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Very Cooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Works independently without close supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Follows directions without special help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Behavior is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Has a good academic record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Demonstrates leadership qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please comment on the student's math abilities in the following areas.**

Problem solving/reasoning: \_\_\_\_\_

\_\_\_\_\_

Knowledge of basic skills: \_\_\_\_\_

\_\_\_\_\_

Accuracy in use of basic skills: \_\_\_\_\_

\_\_\_\_\_

Is the student in good standing and eligible to re-enter your school at the next grade level? Yes  or No

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_

School \_\_\_\_\_ Area Code & Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

**After completion, please mail to:**  
**First Baptist Academy High School, 3000 Orange Blossom Drive, Naples, FL 34109**  
**239.597.2233 ext 646/239.449.4483 fax**