



Math Teacher Recommendation Form for Students Entering Grades 6-9

Founded in 1937, Pine Cobble School is an independent, coeducational day school for students from 2 years 9 months through grade 9. The Admission Committee would greatly appreciate your thoughtful response to this evaluation form. Your comments will be instrumental in our decision-making process, and we are grateful for your taking the time to share your thoughts. All recommendations are confidential.

Name of Student: _____

Please offer your evaluation of the student in comparison to other students in her/his age group whom you have taught.

	One of top few I have encountered	Top 10%	Above average	Average	Below average	No basis for judgment
Academic potential						
Academic achievement						
Intellectual curiosity						
Effort/Determination						
Ability to work independently						
Organization						
Creativity						
Willingness to take intellectual risks						
Concern for others						
Honesty/Integrity						
Self-esteem						
Maturity (relative to age)						
Responsibility						
Respect accorded by faculty						
Respect accorded by peers						
Emotional stability						
Overall evaluation as a person						
Overall evaluation as a student						

	One of top few I have encountered	Top 10%	Above average	Average	Below average	No basis for judgment
Knowledge of basic skills						
Accuracy in use of basic skills						
Problem solving ability						
Reasoning ability						
Effort						
Overall performance						
Willingness to accept challenges						
Command of math compared to other students you have taught						

How well do you know this student academically? _____

As a person? _____

How long have you known this student? _____

Briefly describe your course. What texts do you employ?

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

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

Signature: _____ Please print name _____

School: _____

Address: _____
Street
City, State
Zip

Phone: _____ Date: _____