



Applying for Grades 2 - 8

Teacher Recommendation Form: Math

All information provided on this form will be held in the strictest confidence and will not be shared, directly or indirectly, with the student, parents or guardians.

Name of Student: _____

Current School: _____ Present Grade Level: _____

The first words that come to mind when I think of this student are: _____

OUTSTANDING ABOVE AVERAGE AVERAGE BELOW AVERAGE

Academic

Mathematic Ability	○	○	○	○
Creative Ability	○	○	○	○
Intellectual Curiosity	○	○	○	○
Ability to Grasp New Concerns	○	○	○	○

Please comment on this student's academic strengths and weaknesses: _____

Classroom Performance

Classroom Achievement	○	○	○	○
Participation in Discussion	○	○	○	○
Oral Expression	○	○	○	○
Work Habits	○	○	○	○
Ability to Follow Directions	○	○	○	○
Preparation for Class	○	○	○	○

Please comment on this student's learning style: _____

School Behavior

Motivation	○	○	○	○
Ability to Work in a Group	○	○	○	○
Ability to Work Independently	○	○	○	○
Response to Suggestions and Corrections	○	○	○	○
Willingness to Seek Needed Help	○	○	○	○
Attention Span	○	○	○	○
Interaction with Peers	○	○	○	○
Respect for Others	○	○	○	○
Conduct	○	○	○	○

Please comment on any noteworthy aspect of the student's behavior: _____

OUTSTANDING

**ABOVE
AVERAGE**

AVERAGE

**BELOW
AVERAGE**

Personal Abilities

Maturity for Grade
Maturity for Age
Perseverance
Self-Confidence

Please comment on this student's social and emotional development: _____

Please note any special attributes of this student that would help us to better understand her (e.g. English as a second language, special talents in arts or athletics, etc.): _____

Please comment on the student-parent relationship: _____

Please describe the parents' relationship with teachers and the school: _____

Are there any learning issues that a school should be aware of? _____

How long have you known the applicant? _____

The Student's Attendance is: Regular Not Regular

Select One: Highly Recommended Recommended Recommended with Reservation Do Not Recommend

If the answer is "Do Not Recommend" or "Recommended with Reservation", please explain:

Teacher's Name: _____ Phone: _____

School: _____ Email: _____

Address: _____

Signature: _____ Date: _____

Please return directly to: The Girls' School of Austin
2007 McCall Road
Austin, Texas 78703
(512) 478 5456 (fax)

