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SECONDARY MATH TEACHER'S RECOMMENDATION

Please return this form directly to MJCA, attention Admissions, as soon as possible. We are able to act on an application only after it is complete. Your comments will remain confidential. *(Please print)*

_____ is a candidate for admission in the _____ grade.

Your Name _____ Title _____

School _____ Address _____

City _____ State _____ Zip _____

May we call you? _____ Phone _____ Best Time _____

How long have you know this student? _____

Does the student have a history of:

| | | | | | | |
|--|--|------------------------------|-----------------------------|---------------------|------------------------------|-----------------------------|
| | Excessive absences? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tardies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Physical problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Emotional problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Involvement with alcohol, drugs, juvenile delinquency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Has the student ever been:

| | | | | | | |
|--|------------------------------|------------------------------|-----------------------------|-----------|------------------------------|-----------------------------|
| | Suspended? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Expelled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | A threat to another student? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

Please indicate the title and author of your text(s) and the material you expect to cover. _____

Do you feel the student has mastered the material covered in the course(s), which you have taught him/her? If not, in what area is the student weak? _____

A. Please evaluate the student in his/her current math course (√):

| | Above average mastery of all concepts taught | Average mastery of concepts taught | Lacking in the knowledge of basic skills/concepts | Not Applicable |
|---------------------------|--|------------------------------------|---|----------------|
| Basic Operations | | | | |
| Fractions | | | | |
| Problem Solving Abilities | | | | |
| Solving Equations | | | | |
| Multi-step Processes | | | | |

Math Recommendation (over)

B. Academic Qualities (please check the appropriate response)

| | | | | | |
|-------------------------------|--|--|--|--|---|
| Effort and perseverance | <input type="checkbox"/> Perseveres under pressure | <input type="checkbox"/> Sets high goals | <input type="checkbox"/> Motivated | <input type="checkbox"/> Some desire | <input type="checkbox"/> Does very little |
| Academic achievement | <input type="checkbox"/> Outstanding | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Limited |
| Study habits | <input type="checkbox"/> Excellent | | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Intellectual Curiosity | <input type="checkbox"/> Strong and varied | | <input type="checkbox"/> In one area only | <input type="checkbox"/> Occasional spark | <input type="checkbox"/> Limited |
| Ability to work independently | <input type="checkbox"/> Always works well | | <input type="checkbox"/> Needs help occasionally | <input type="checkbox"/> Needs help frequently | <input type="checkbox"/> Needs much supervision |
| Use of time | <input type="checkbox"/> Always effective | | <input type="checkbox"/> Usually good | <input type="checkbox"/> Occasionally wasteful | <input type="checkbox"/> Poor |
| Ability to follow Directions | <input type="checkbox"/> Rarely requires guidance | | <input type="checkbox"/> Occasionally needs help | | <input type="checkbox"/> Needs much explanation |
| Creativity and imagination | <input type="checkbox"/> Unusually original | | <input type="checkbox"/> Generates ideas independently | <input type="checkbox"/> Occasional spark | <input type="checkbox"/> Tends to Follow |
| Classroom involvement | <input type="checkbox"/> Initiates participation | | <input type="checkbox"/> Participates only when called | <input type="checkbox"/> Rarely participates | <input type="checkbox"/> Disengaged in class |
| Homework | <input type="checkbox"/> Always completes with quality | | <input type="checkbox"/> Usually completes | <input type="checkbox"/> Completes with poor quality | <input type="checkbox"/> Rarely does |

C. Personal Qualities (please check the appropriate response)

| | | | | | |
|------------------------------|--|--|---|--|---|
| Integrity and honesty | <input type="checkbox"/> Unquestionable | | <input type="checkbox"/> Usually trustworthy | <input type="checkbox"/> Questionable | <input type="checkbox"/> Cannot be trusted |
| Consideration of others | <input type="checkbox"/> Unusually supportive | | <input type="checkbox"/> Usually considerate | <input type="checkbox"/> Seldom considerate | <input type="checkbox"/> Often inconsiderate |
| Social adjustment with peers | <input type="checkbox"/> Friendly | <input type="checkbox"/> Positive leadership | <input type="checkbox"/> Object of teasing | <input type="checkbox"/> Isolated | <input type="checkbox"/> Serious problems |
| Classroom conduct | <input type="checkbox"/> Cooperative and helpful | | <input type="checkbox"/> Usually cooperative | <input type="checkbox"/> Occasionally disruptive | <input type="checkbox"/> Usually disruptive |
| Emotional stability | <input type="checkbox"/> Stable | | <input type="checkbox"/> Seeks attention | <input type="checkbox"/> Overly tense | <input type="checkbox"/> Insecure |
| Self confidence | <input type="checkbox"/> Healthy self-image | | <input type="checkbox"/> Appears overly confident | <input type="checkbox"/> Needs some support | <input type="checkbox"/> Needs much reassurance |
| Fulfills responsibilities | <input type="checkbox"/> Always | | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |
| Attitude toward opposite sex | <input type="checkbox"/> Healthy interaction | | <input type="checkbox"/> Normal interest | <input type="checkbox"/> Preoccupied | <input type="checkbox"/> Frequently inappropriate |
| Relationship with faculty | <input type="checkbox"/> Cooperative | | <input type="checkbox"/> Resistant to correction | <input type="checkbox"/> Disrespectful | |

Is there anything about this student that you would have liked to have known before he/she entered your class?

Briefly describe the parent's involvement with the child's education and your school.

Thank you for your time, effort, and the helpful information you have provided.