MATHEMATICS TEACHER RECOMMENDATION

There is no need for the student and parent to sign this form if you are emailing the recommendation.

Student: Please type or print your name in the space below and then give this form to your current Math teacher with a stamped addressed envelope.

Name of Student ___________________________________ Applicant for grade _______________________

__________________________________________________________
SIGNATURE OF STUDENT DATE

Parent/Guardian: I acknowledge that I waive my right to read the confidential teacher recommendation and the school report for the student listed above. (Please have grade reports, attendance records, standardized test scores, and teacher reports/comments forwarded to Kent School.)

Name of Parent/Guardian ________________________________________

__________________________________________________________
SIGNATURE OF PARENT/GUARDIAN DATE

Teacher: This recommendation will remain confidential and will not become part of the student’s permanent record. When you have completed it, please photocopy it and send it to Kent School in the (stamped) envelope provided by the student. Be sure the parent/guardian has signed the form in the space above. Thank you for your cooperation and candor.

Name of Teacher _______________________________________________ Title ________________________________
School _______________________________________________________
School Address _______________________________________________
How long have you known the student? ________________________________
What are the first three words that come to mind to describe this student?
_____________________________________________________

COURSE DESCRIPTION

Title __________________________ How often does the class meet? ________________________________
Is the student’s section remedial, honors, or otherwise selective? If so, please explain. ________________________________

What text(s) is (are) used? ________________________________________

By June we will have completed ____________ of ____________ chapters.

Has this student participated in extra-curricular math or math-related activities? Please describe: ________________________________
To the best of your knowledge, has the student had the equivalent of a full course (check all that apply)

☐ Algebra I Comment: ____________________________  ☐ Precalculus Comment: ____________________________

☐ Geometry Comment: ____________________________  ☐ Calculus Comment: ____________________________

☐ Algebra II Comment: ____________________________  ☐ Other Comment: ____________________________

What would be the next course recommended for this student? ____________________________

For each line, please select the word that most accurately describes the student.

1. Math comes easily
   - □ Always
   - □ Usually
   - □ Sometimes
   - □ Never

2. Must work hard for success
   - □ Always
   - □ Usually
   - □ Sometimes
   - □ Never

3. Needs out-of-class help to succeed
   - □ Always
   - □ Usually
   - □ Sometimes
   - □ Never

4. Completes homework
   - □ Always
   - □ Usually
   - □ Sometimes
   - □ Never

5. Overall math ability
   - □ Elite
   - □ Above average
   - □ Average
   - □ Below average
   - □ Weak

Please circle all characteristics that could be especially important to this student’s ideal math learning environment or style.

Challenging Basic Independent Reiterating Stimulating Gentle
Simplified Complex Structured Advanced Personalized Competitive
Slow-paced Fast-paced Demanding Forgiving Abstract Rote

Other: __________________________________________

Please circle all characteristics that describe this student with regards to classroom attitude.

Independent Indifferent Eager Resigned Interested Impatient
Resistant Resourceful Frustrated Conscientious Uncooperative Confident
Hardworking Erratic Ambitious Superficial Consistent Inquisitive

Other: __________________________________________

Please provide any additional information that will give us a more complete picture of the student.

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

If we have additional questions, may we contact you?  □ Yes  □ No

If yes, phone number ____________________________  E-mail address ____________________________

(INCLUDE AREA CODE)

TEACHER SIGNATURE ____________________________ DATE ____________________________

Again, thank you for your time and the helpful information you have provided.

Please return this form to: Kent Admissions Office, P.O. Box 2006, Kent, CT 06757

(For shipments requiring a street address, please use: One Macedonia Road, Kent, CT 06757)

Kent School adheres to a longstanding policy of admitting students of any race, color, creed, religion, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of gender, race, color, creed, religion, national and ethnic origin in administration of its educational policies, admissions policies and other school-administered programs.