



MIDDLE SCHOOL MATHEMATICS TEACHER RECOMMENDATION

This form is to be completed by the candidate's current Mathematics Teacher. Before returning this form to Salisbury Academy, please photocopy for your files. Please return the completed form to the following address as soon as possible:

Salisbury Academy
2210 Jake Alexander Blvd., North
Salisbury, NC 28147-8965
Phone: 704-636-3002

Candidate's Name _____ Applying for Grade _____
Last First Middle

Salisbury Academy requires that each Middle School candidate supply a **confidential** recommendation from his or her current Mathematics Teacher. By providing accurate information about ability and performance, this recommendation plays an instrumental role in the school's admissions process. We appreciate the time and effort you devote to this recommendation.

PERFORMANCE IN MATHEMATICS:

| | Excellent | Good | Average | Below Average |
|--|-----------|-------|---------|---------------|
| Computational Speed | _____ | _____ | _____ | _____ |
| Computational Accuracy | _____ | _____ | _____ | _____ |
| Mathematical Reasoning Ability | _____ | _____ | _____ | _____ |
| Problem-Solving Ability | _____ | _____ | _____ | _____ |
| Ability to Apply Previously Learned Skills | _____ | _____ | _____ | _____ |
| Abstraction Skills | _____ | _____ | _____ | _____ |
| Calculator Skills | _____ | _____ | _____ | _____ |
| Class Participation | _____ | _____ | _____ | _____ |
| Overall Performance | _____ | _____ | _____ | _____ |

What mathematics class would you recommend the student enter next year? _____

GENERAL EVALUATION:

| | Excellent | Good | Average | Below Average |
|-------------------------|-----------|-------|---------|---------------|
| Academic Potential | _____ | _____ | _____ | _____ |
| Study Habits | _____ | _____ | _____ | _____ |
| Academic Curiosity | _____ | _____ | _____ | _____ |
| Time Management | _____ | _____ | _____ | _____ |
| Academic Independence | _____ | _____ | _____ | _____ |
| Emotional Maturity | _____ | _____ | _____ | _____ |
| Reaction to Criticism | _____ | _____ | _____ | _____ |
| Interaction with Peers | _____ | _____ | _____ | _____ |
| Interaction with Adults | _____ | _____ | _____ | _____ |
| Honesty | _____ | _____ | _____ | _____ |
| Attention Span | _____ | _____ | _____ | _____ |
| Leadership | _____ | _____ | _____ | _____ |
| Sense of Humor | _____ | _____ | _____ | _____ |
| Overall Potential | _____ | _____ | _____ | _____ |

Please share any additional thoughts about this student which would help us make the proper admissions decision.

This form was completed by: _____ Title: _____

Course Title: _____ Course Text: _____

School Name & Address: _____

How long have you known applicant? _____

Writer's Signature _____ Date Completed: _____