



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: \_\_\_\_\_

Academic	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Mathematical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Grasp New Concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on student's academic strengths and weaknesses: \_\_\_\_\_

Classroom Performance	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Classroom Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in Discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Follow Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation for Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on this student's learning style: \_\_\_\_\_

School Behavior	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work in a Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to Suggestions and Corrections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Seek Needed Help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on this student's learning style: \_\_\_\_\_

<b>Personal Abilities</b>	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Maturity for Grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity for Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on student's social and emotional development: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 Recommend  Recommend  Recommend with Reservation  Do Not Recommend

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

Teacher's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you!*

**Please mail or FAX to:**

The Girls' School of Austin

2007 McCall Road ★ Austin, TX 78703

Office: 512-478-7827 ★ www.thegirlsschool.org ★ FAX: 512-478-5456