



New Student Math Teacher Recommendation

Students entering 7<sup>th</sup>-12<sup>th</sup> grade ONLY

Please return by fax at 301-645-7463 or email at amy.baker@graceknights.org

Name of Student \_\_\_\_\_

Grade Applying for: \_\_\_\_\_

Current Math Course \_\_\_\_\_

Level of Current Math Course (honors, etc) \_\_\_\_\_

Entering Grace Christian Academy of Maryland for school year \_\_\_\_\_

The following recommendation form is to be completed by the student's current math teacher. A math assessment test will be given to the student and it will assist in the proper math course placement.

Please check the most appropriate box for each description:

- 1 – High/ Mastered
- 2 – Average/ Knowledge
- 3 – Low/Concern

Please add any other descriptions you feel would help us place the math student you are recommending.

Description	1	2	3	Additional Comments
Basic Math facts – (Multiply, divide, add, subtract)				
Completes homework				
Assignments turned in on time				
Classroom attendance				
Classroom behavior				
Classroom attention to lesson				
Cooperative Learning (Group work or working with others)				
Test Scores				
Test taking skills (study habits, preparation, neatness, showing work, writing skills, etc.)				
Long term retention of math concepts				

Additional comments (continue on back if needed)

Was a calculator used in the classroom? \_\_\_\_\_ To what degree? \_\_\_\_\_

Would you recommend this student for an Honors Placement? If so, please indicate why:

Would you recommend any support for this student to ensure success in the next math course? If so, please give details (weekly tutoring, summer school, etc.) \_\_\_\_\_

Teacher Name (printed) \_\_\_\_\_ School Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_