

**Central Middle School Confidential Recommendation Form - Mathematics**  
**(for private schools outside of “Greenwich Area”)**

Name of Applicant \_\_\_\_\_ Current grade level \_\_\_\_\_

***The signature of parent/guardian acknowledges that he/she waives the right to read the confidential teacher recommendation for the student listed above.***

X \_\_\_\_\_

1. How long have you known the candidate? \_\_\_\_\_

2. What are the first words that come to mind in order to describe the applicant?

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3. In what course do you currently teach this student? \_\_\_\_\_

4. How would you classify the level of the course?

- Grade Level       Accelerated       Double-Accelerated

5. What text (including author and publisher) is used in this course? What pages or chapters do you expect to cover by the end of the current school year?

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6. What tools are regularly used in your math program? Check all that apply.

manipulatives       graphing calculators       computers

four-function calculators       scientific calculators

other: \_\_\_\_\_

7. Student’s mathematical background. Check the box below next to those courses that the student will have completed by the end of the current school year.

Grade six math       Grade seven math       Pre-Algebra

First year Algebra (including quadratic, exponential, and rational functions)

Geometry       Second year Algebra (including trigonometry)

8. Which of the previously listed courses would you recommend the student study next year?

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9. Please evaluate the candidate in relation to other students of the same age/grade you have taught in mathematics. Check the appropriate box for each item below.

	Below Average	Average	Good	Excellent	Truly Outstanding
Knowledge of basic facts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy in use of basic facts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasoning skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to see connections among mathematical concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the candidate show a willingness to accept the challenge of more difficult problems and exercises?     Rarely                       Occasionally                       Often

How would you rate the candidate's overall command of the mathematics when compared to other students whom you have taught?

Below average     Average     Top 25%     Top 10%

Summary: In relation to students of the same age you have known, how would you rate the candidate?

	Weak	Fair	Good	Excellent	Exceptional
Academic Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character / Personal Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Name**

**Position**

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**Signature**

**Date**

**Central Middle School  
9 Indian Rock Lane  
Greenwich, CT 06830  
203-661-8500**