



THE MEADOWS SCHOOL

Mathematics Teacher Recommendation Form

Grades 6-12 Applicants

We appreciate the time that goes into completing this form. Your responses provide one way of learning more about this applicant. They are reviewed with the knowledge that children are constantly growing and changing.

Applicant's Name: _____ Current Grade: _____

Teacher's Name: _____ Date: _____

School Name: _____

How long have you known the applicant? _____

Briefly describe the course in which you taught this applicant: _____

What was the level of the course? Regular ____ Honors ____ Other _____

What course would you recommend for next year? _____

Academic Qualities	Exceeds Expectations	Meets Expectations	Needs Development
Academic Potential			
Academic Achievement			
Motivation/Effort			
Organizational Ability			
Ability to Solve Problems			
Ability to Memorize Facts			
Study Habits			
Ability to Grasp Abstract Ideas			
Ability to Work Independently			
Ability to Work in a Group			
Personal Qualities	Exceeds Expectations	Meets Expectations	Needs Development
Maturity			
Self-Esteem			
Responsibility			
Sensitivity to Others			
Attendance/Punctuality			
Honesty and Integrity			
Sense of Humor			

From the list of words below, mark all those that best describe the applicant:

<input type="checkbox"/> Aggressive	<input type="checkbox"/> Noncompliant	<input type="checkbox"/> Self-Centered
<input type="checkbox"/> Anxious	<input type="checkbox"/> Short-Tempered	<input type="checkbox"/> Conscientious
<input type="checkbox"/> Expressive	<input type="checkbox"/> Passive-Resistant	<input type="checkbox"/> Shy
<input type="checkbox"/> Cheerful	<input type="checkbox"/> Resourceful	<input type="checkbox"/> Social
<input type="checkbox"/> Disheartened	<input type="checkbox"/> Self-Assured	<input type="checkbox"/> Vivacious
<input type="checkbox"/> Follower	<input type="checkbox"/> Motivated	<input type="checkbox"/> Well-Liked
<input type="checkbox"/> Honest	<input type="checkbox"/> Organized	<input type="checkbox"/> Positive Leader
<input type="checkbox"/> Influential	<input type="checkbox"/> Perfectionist	<input type="checkbox"/> Negative Leader

To your knowledge, has the student ever been evaluated or provided special accommodations for emotional, behavioral, or academic reasons? Yes ☐ No ☐ Do Not Know ☐

What are this applicant's strengths as a student and a person? _____

In what areas does the applicant need to improve as a student and a person? _____

How would you evaluate this applicant's academic achievement compared to students you have taught throughout your career?

Exceptional ☐ Above Average ☐ Average ☐ Below Average ☐

How would you rate this applicant with respect to his or her citizenship?

Exceptional ☐ Above Average ☐ Average ☐ Below Average ☐

Comments or other information you believe might be helpful to us in the admissions process: _____

Upon completion of this form, please sign and email it to the Associate Director of Admissions, Ana Orsini, at aorsini@themeadowsschool.org. All information that you provide will be kept confidential to the extent the law allows and will not be retained as part of the student's permanent record. On behalf of our school and the student, we would like to thank you for your cooperation.

If we have additional questions, may we call you? Yes ☐ No ☐ If yes, phone number: _____

Most convenient time to call: _____

Teacher Signature: _____ Date: _____