



*Integrating Classical Education with A Biblical Worldview*

## Grades 7-12 Mathematics Teacher Recommendation Form

**PARENTS:** Please print your child's name and grade information in the space provided and give this form to your child's current teacher. Attach a stamped envelope addressed to:

**Haw River Christian Academy, Attn: Director of Admissions**  
**2428 Silk Hope Gum Springs Road**  
**Pittsboro, N.C. 27312**

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Full Name of Student \_\_\_\_\_ Age \_\_\_\_\_ Current Grade \_\_\_\_\_ Applying Grade \_\_\_\_\_

**TO THE TEACHER:** The student named above is applying for admission to Haw River Christian Academy. Your assistance is requested to provide information so that we may learn more about the student. Your responses will be kept **confidential** and will serve as an important component of the application. Please return this form in a timely manner.

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Name of Teacher \_\_\_\_\_ Title \_\_\_\_\_ Name of School \_\_\_\_\_

Please place check marks in the column that best represents your evaluation of the student.

	SUPERIOR	EXCELLENT	GOOD	FAIR	POOR
Knowledge of the basic skills					
Accuracy in the use of basic skills					
Problem solving ability					
Reasoning ability					
Understanding of and appreciation for the underlying ideas and concepts					
Effort					
Overall performance					
Willingness to accept the challenge of the more difficult problems and exercises					
Command of mathematics when compared to other students					

Please place check marks in the column that best represents your evaluation of the student.

	SUPERIOR	EXCELLENT	GOOD	FAIR	POOR
Academic potential					
Academic achievement					
Effort and determination					
Ability to work independently					
Ability to work with others					
Organization					
Attention span					
Completes work on time					
Creativity					
Responsibility					
Responds positively to correction					
Exercises self-control					
Is respectful to peers					
Is respectful to teachers and other adults					
Honesty and integrity					
Maturity (relative to age)					
Overall evaluation as a person					
Overall evaluation as a student					

**Does the student have any outstanding abilities or deficiencies?**

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**Does the student have significant limitations that have hindered his/her achievement?**

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**To the best of your knowledge, are the parents active and supportive in the education process?**

Yes  No Explanation: \_\_\_\_\_

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**Has any disciplinary action ever been taken regarding this student?**

Yes  No Explanation: \_\_\_\_\_

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**I recommend this candidate:**  Enthusiastically  Confidently  With reservation  I do not.

Additional comments are welcome. Please provide on an additional sheet of paper with this form.

**Thank you for taking the time to complete this evaluation.**

Signed \_\_\_\_\_

Date \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_