



Calvary Christian Academy

Mathematics Teacher Recommendation Form

5th – 8th Grade



1175 Hillsdale Ave., San Jose, CA 95118

Instructions to Parents: Please complete this section and give the form to your child's current mathematics teacher. Ask that it be completed and returned in the supplied envelope. Please affix postage before giving it to the teacher.

Applicant's Name: _____ Applying for Grade: _____

Name of Parent/Guardian: _____

Parent or Guardian Signature: _____ Date: _____

Instructions to Teachers: Please complete this recommendation and return it in the enclosed, stamped envelope. This student's application cannot be processed until all recommendations have been received. This information will remain confidential and will not be disclosed to the student's parent/guardian.

Math / Study Skills	Below Average	Average	Good	Very Good	Excellent (Top 5%)	N/A
Computation						
Abstract Thinking						
Word Problems						
Curiosity						
Ability to Listen						
Aptitude						
Attention to Detail						
Neatness						
Participation						
Motivation						

Current Level of Math: _____ Current Math Grade: _____

Textbook Currently Used: _____

