



# Calvary Christian Academy

## Mathematics Teacher Recommendation

### Grades 9-12

Parents, please complete the section below. Please have your child's teacher to complete the remaining portion and return in the supplied envelope or email to the the Admissions Director. If mailing, please affix postage before giving the envelope to the teacher.

Applicant's Name: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Instructions To Teachers:** Please complete this recommendation and return it to CCA via mail or email to the Admissions Director. 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 and Study Skills	Below Average	Average	Good	Very Good	Excellent (Top 5%)	N/A
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Knowledge of Basic Math Skills						
Problem Solving Ability						
Reasoning Ability						
Ideas and Concepts						
Effort						
Motivation						
Overall Performance						
Attempts Challenging Work						
Neatness						
Classroom Participation						

Please check the courses which the student will have completed by the end of the current school year.

Algebra I     
  Geometry     
  Algebra II     
  Pre-Calculus     
  Calculus

Current Level of Math: \_\_\_\_\_ Current Math Grade: \_\_\_\_\_

Textbook Currently Used: \_\_\_\_\_

Recommended course for this student during the following year: \_\_\_\_\_



If you "recommend with reservation" or "do not recommend," please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher's Name: \_\_\_\_\_ School: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

