



Calvary Christian Academy

Mathematics Teacher Recommendation

Grades 9-12

Parents, please complete this section, then ask that your child's current teacher complete the remaining portion and return in the supplied envelope. 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 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 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: _____

Social Skills and Behavior	Below Average	Average	Good	Very Good	Excellent (Top 5%)	N/A
Work Habits						
Self-Discipline						
Honesty/Integrity						
Maturity						

Responsibility						
Leadership						
Peer Relationships						
Respect for Authority						
Emotional Stability						
Homework Compliance						
Initiative						
Reaction to Setbacks						
Self-Confidence						
Attendance						

CCA is a Christian, college preparatory school. What attributes or strengths does this candidate have that will assist him/her in being successful at CCA? _____

Additional Comments: _____

Have you observed any signs of learning disabilities or special needs? Yes No

Does this student receive any special accommodations? Yes No

If yes, please explain:

Parent Involvement: High Average Seldom Not Involved

Parent Cooperation: High Average Seldom Not Cooperative

Please check one of the following: I highly recommend I recommend with reservation

I recommend I do not recommend

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

Teacher's Name: _____ School: _____

Teacher's Signature: _____ Date: _____

Email: _____ Telephone: _____

Thank you for taking the time to complete this recommendation. Please return the completed form to Calvary Christian Academy, Admissions Office, 1175 Hillsdale Avenue, San Jose, CA 95118.