

Parent/Guardian: Please complete the blanks below. Have your applicant's current **mathematics teacher** complete the teacher section.

Applicant's Name _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Telephone and Email: _____

Current School _____

Address _____

City _____ State _____ Zip _____

By signing below, each of us hereby affirm that we will not seek access to this confidential recommendation regarding our child before and, if admitted, after admission.

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Mathematics teacher: The student named above has applied for admission to The Altamont School. Please complete this form and return it to the mailing or email address below. We sincerely appreciate your honest evaluation of this applicant and assure you that the information you provide will be held in confidence.

Your Name/Title _____

School Name _____

Course student is currently taking from you _____

How long have you known this student? _____

What three words describe this student? _____

If the student misses a problem, it's because of

- lack of effort misreading a question carelessness rarely an issue with this student
 other _____

Please comment on this student's ability to meet the expectations of your school. Have you adjusted your program to accommodate the needs or abilities of this student?

In comparison with other students you have taught, how would you recommend this applicant for admission?

	Enthusiastically	Strongly	With reservation	Not recommended
Academically				
Personally				
Overall recommendation				

	Excellent	Above Average	Average	Below Average	No Basis for Evaluation
Academic Potential					
Academic Achievement					
Intellectual Curiosity					
Originality					
Effort/Drive					
Independent Work					
Analytical Ability					
Oral Communication					
Class Participation					
Study Habits					
Honesty/Integrity					
Self-discipline					
Self-esteem					
Maturity					
Leadership					
Reaction to Criticism					

Additional comments: _____

Signature: _____ Date: _____