



# ST. ANDREW'S SCHOOL

350 Noxontown Road  
Middletown, DE 19709-1605  
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## MATH TEACHER RECOMMENDATION

Please complete this confidential evaluation form after December 1 and return to the Admission Office before January 31.

You may print and mail a hard copy or save as a pdf and email to [admissions@standrews-de.org](mailto:admissions@standrews-de.org).

Name of applicant \_\_\_\_\_ Applying to grade \_\_\_\_\_

How long have you known this student, and in what context?  
(Please list courses taught and the level of difficulty – accelerated, honors, regular, etc.)

\_\_\_\_\_

1. What are the first words that come to your mind to describe this student?

\_\_\_\_\_

2. Title and author of text used:

\_\_\_\_\_

3. Please list the topics covered in this year's course, or specify if Algebra I, Algebra II or Plane Geometry.

\_\_\_\_\_

4. What placement would you recommend for the next academic year?

\_\_\_\_\_

5. How effectively does this student work in small cooperative groups with his or her peers? With adults?

\_\_\_\_\_

### Mathematical Ability

	Poor	Fair	Average	Very Good	Excellent
Computational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Logical reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to understand new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to deal with abstract concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term retention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall ability and performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete both sides.

Please check appropriate response(s).

### Classroom Evaluation

Academic potential	<input type="checkbox"/> limited	<input type="checkbox"/> fair	<input type="checkbox"/> average	<input type="checkbox"/> good	<input type="checkbox"/> outstanding
Effort	<input type="checkbox"/> limited	<input type="checkbox"/> fair	<input type="checkbox"/> average	<input type="checkbox"/> good	<input type="checkbox"/> outstanding
Perseverance	<input type="checkbox"/> limited	<input type="checkbox"/> fair	<input type="checkbox"/> average	<input type="checkbox"/> good	<input type="checkbox"/> outstanding
Study habits	<input type="checkbox"/> poor	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> excellent	<input type="checkbox"/> outstanding
Intellectual curiosity	<input type="checkbox"/> limited	<input type="checkbox"/> occasional spark	<input type="checkbox"/> average	<input type="checkbox"/> strong in one area	<input type="checkbox"/> strong and varied
Ability to work independently	<input type="checkbox"/> limited	<input type="checkbox"/> fair	<input type="checkbox"/> average	<input type="checkbox"/> good	<input type="checkbox"/> outstanding
Use of time	<input type="checkbox"/> uses poorly	<input type="checkbox"/> occasionally wastes	<input type="checkbox"/> average	<input type="checkbox"/> usually uses well	<input type="checkbox"/> always uses effectively
Ability/Inclination to follow directions	<input type="checkbox"/> limited	<input type="checkbox"/> fair	<input type="checkbox"/> average	<input type="checkbox"/> good	<input type="checkbox"/> outstanding
Attention span	<input type="checkbox"/> limited	<input type="checkbox"/> fair	<input type="checkbox"/> average	<input type="checkbox"/> good	<input type="checkbox"/> outstanding
Creativity and originality	<input type="checkbox"/> limited	<input type="checkbox"/> fair	<input type="checkbox"/> average	<input type="checkbox"/> good	<input type="checkbox"/> outstanding

### Personal Evaluation

Integrity and honesty	<input type="checkbox"/> cannot be trusted	<input type="checkbox"/> questionable	<input type="checkbox"/> trustworthy	<input type="checkbox"/> highly developed
Consideration of others	<input type="checkbox"/> thoughtless	<input type="checkbox"/> seldom considerate	<input type="checkbox"/> usually considerate	<input type="checkbox"/> unusually supportive
Social adjustment with peers	<input type="checkbox"/> serious problems	<input type="checkbox"/> loner	<input type="checkbox"/> friendly	<input type="checkbox"/> leader
Classroom conduct	<input type="checkbox"/> troublemaker	<input type="checkbox"/> occasionally disrupts	<input type="checkbox"/> usually good	<input type="checkbox"/> always good
Initiative	<input type="checkbox"/> never initiates	<input type="checkbox"/> rarely initiates	<input type="checkbox"/> occasionally initiates	<input type="checkbox"/> always initiates
Emotional stability	<input type="checkbox"/> insecure	<input type="checkbox"/> overly tense	<input type="checkbox"/> stable	<input type="checkbox"/> resilient
Self confidence	<input type="checkbox"/> needs much reassurance	<input type="checkbox"/> needs some support	<input type="checkbox"/> confident	<input type="checkbox"/> very confident
Fulfills responsibilities	<input type="checkbox"/> rarely	<input type="checkbox"/> sometimes	<input type="checkbox"/> usually	<input type="checkbox"/> always
Cooperation of parents/guardian	<input type="checkbox"/> poor	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> outstanding

Please comment on this student's character and personality (e.g., maturity, peer relationships, sense of humor, enthusiasm, etc.) and any strengths or weaknesses that should be noted.

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Please Print

Teacher's name: \_\_\_\_\_ Teacher's signature \_\_\_\_\_

School: \_\_\_\_\_ Phone: \_\_\_\_\_

Teacher's E-mail: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for taking the time to complete this evaluation.