



Mathematics Teacher Recommendation

Parents: Please fill in the applicant's name and the grade for which he/she is applying. Submit this form to your child's *current* Mathematics teacher. Ask that it be returned directly to:

**Director of Admissions
Chicagoland Jewish High School
1095 Lake Cook Road
Deerfield, IL 60015**

applicant's name

applying for grade

school year

To the teacher: The above student is a candidate for admission to Chicagoland Jewish High School in Deerfield, Illinois. We ask that you complete this form to help us in our admission process. Your candid response will enable us to evaluate the applicant for admission to our dual curriculum program. We want to be sure we have an accurate assessment of the candidate's mathematical ability. This form is confidential and will not be made available to parents or students. Thank you for your cooperation.

Course name: _____

Course level: advanced regular other

Applicant's current average (in your course): top 1/3 middle 1/3 lower 1/3

Please give a brief description of your course, including textbooks used:

What course would you recommend the applicant for next year at your school?

over

The quality of the applicant's computational skills and ability are:

Outstanding Very Good Good Below Average

The quality of the applicant's problem-solving skills and ability are:

Outstanding Very Good Good Below Average

The applicant's study habits and willingness to work are:

Outstanding Very Good Good Below Average

Describe the applicant's most outstanding attributes and shortcomings (if any):

Have you provided any accommodations due to specific learning needs? If so, please describe:

Based on your knowledge, please rate the applicant (in terms of academics and character):

| | Outstanding | Very Good | Good | Below Average |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Character: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relationship with peers: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How long have you known the applicant? _____

Additional Comments: _____

Teacher's name: _____ Title/Position: _____

School name: _____ Phone number: _____

E-mail: _____

Teacher's signature: _____ Date: _____