



**MATH TEACHER RECOMMENDATION**

**TO THE APPLICANT**

This section is to be completed by a parent of the student applicant. After completing the information below, please bring this form to the applicant's current math teacher. This form must be returned by the school in an officially sealed school envelope. Recommendations returned by a parent or student will not be accepted.

Student's name \_\_\_\_\_

*Last* *First* *Middle*

Home address \_\_\_\_\_

*Street* *City* *State* *Zip*

Email address \_\_\_\_\_ Home phone: (\_\_\_\_\_) \_\_\_\_\_

School Now Attending: \_\_\_\_\_

*Name of School* *City*

Date Entered Current School (Month/Year) \_\_\_\_\_ / \_\_\_\_\_

**TO THE MATH TEACHER**

This form is to be completed by a school official (applicant's current math teacher) and returned directly to Chaminade by **January 27, 2018**. This CONFIDENTIAL evaluation will be used only by persons on the Admissions Committee and will not become part of the student's cumulative folder. Therefore this form will not be open to general review and will not be forwarded to any other school or institution. Your carefully considered judgment will have a strong and direct bearing on this student's acceptance.

STUDENT RATING <input type="checkbox"/>	Excellent	Good	Average	Poor
Motivation				
Sense of Responsibility				
Personal Relationships				
Initiative and Leadership				
Cooperation				
General Conduct/Effort				
Work and Study Habits				

Current Math Course:  CC Math 8  Pre-Algebra I  Algebra IA (*one semester over school year*)  Algebra I (*full year*)  
 Algebra I Honors  Geometry  Geometry Honors  Other: \_\_\_\_\_

Is the math curriculum at your school Common Core aligned?  Yes  No  Partially (Explain below)

\_\_\_\_\_

\_\_\_\_\_

What level of math would you recommend the student take at Chaminade?:  Algebra I  Algebra I Honors  Geometry  
 Geometry Honors  Algebra II  Algebra II / Trigonometry Honors  Other: \_\_\_\_\_

Please comment on the above ratings and provide any additional information that may be helpful in evaluating this student:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RECOMMENDATIONS <input type="checkbox"/>	Strongly Recommend	Recommend	Recommend with Reservations (Please explain)	Do Not Recommend (Please explain)
Academically				
Character and Personal Promise				
Overall				

Please provide additional information below, if "Recommend with Reservations" or "Do Not Recommend" was marked.

---



---



---



---



---



---



---



---

Is there any additional information that you think might or should influence our decision?

---



---



---



---



---



---



---



---

Name of Math Teacher Completing Evaluation:

---

*Print Name* *Title*

---

*Signature* *Date*

**This form must be returned, by the school in an officially sealed envelope, no later than January 27, 2018 to:**

**Esther Bonino-Bennett**  
*Director of Admissions*  
 Chaminade College Preparatory  
 7500 Chaminade Avenue  
 West Hills, CA 91304