



MATHEMATICS TEACHER RECOMMENDATION

HIGH SCHOOLS NEED RECOMMENDATIONS BY FRIDAY, FEBRUARY 2, 2007

The student named below has applied for admission to a Catholic high school. We would appreciate your assistance in completing this checklist to help us assess the student's ability and to meet the student's needs in the high school math program. Thank you for your assistance.

Student's Name: _____ Date: _____

Current School: _____ School Phone: _____

Current Math Teacher: _____ Signed: _____

Circle student's current Math class: Pre-Algebra Algebra I Geometry Other _____

If Algebra I, student will have completed one year of Algebra? Yes No

Title and Publisher of Math Text: _____

If Algebra I text: # _____ chapters of a total of # _____ chapters will be completed by the end of the year.

What is the topic of the last chapter covered in this class? _____

Circle placement recommendation? PreAlgebra Algebra I Geometry Other _____

Please rate the student on each of the items below:

Outstanding	[Always, almost always] [Superior]
Good	[Quite often]
Average	[Generally] [Fair]
Poor	[Rarely, never, seldom] [Below average]
NA	[Don't know, never observed; not applicable]

Characteristics:	Outstanding	Good	Average	Poor	NA
Ability to work independently					
Academic potential in math					
Academic performance in math					
Critical and abstract thinking					
Completes assignments on time					
Study habits/skills in math					
Math concepts					
Math computation					
Contributions to class in math					
Test results in math					
Works effectively in math groups					
Overall evaluation in math					
Classroom conduct					

I would like a telephone conference: Yes No

Phone #: _____

Please use the other side for additional comments

THIS RECOMMENDATION WILL REMAIN CONFIDENTIAL AND WILL NOT BECOME PART OF THE STUDENT'S PERMANENT RECORD. PLEASE BE CANDID.

**ALL HIGH SCHOOLS REQUIRE INDIVIDUAL APPLICATIONS FOR ADMISSION
PLEASE CONTACT THE PARTICULAR SCHOOL FOR ADMISSION INFORMATION**

I hereby authorize my child's school to prepare and submit the written recommendation required by the Catholic high schools indicated below in the admission process. I understand that this written evaluation is confidential and may not be reviewed by the applicant or the applicant's parent/guardian. The evaluation will be used only in the admission process and will not become part of the student's permanent record.

Student Name: _____

From: _____
Name of Current School

Parent/Guardian Signature

Date

Print Name

Additional teacher comments: _____

Please check below the school to which you want this recommendation sent:		CHECK HERE
Paul O'Malley, Director of Admissions Central Catholic High School 2401 SE. Stark St., Portland, OR 97214	503-230-1056 503-233-0073 FAX	
Director of Admissions De La Salle North Catholic High School 7654 N. Delaware, Portland, OR 97217	503-285-9385 x103 503-285-9546 FAX	
Shirley Poppe, Director of Admissions Jesuit High School 9000 SW Beaverton-Hillsdale Hwy, Portland, OR 97225	503-291-5422 503-291-5485 FAX	
Bill George, Director of Admissions La Salle High School 11999 SE Fuller Rd., Milwaukie, OR 97222	503-353-1413 503-659-2535 FAX	
Julie Stillwell, Director of Admissions Saint Mary's Academy 1615 SW 5 th Ave., Portland, OR 97201	503-721-7725 503-223-0995 FAX	
Claudia Thomas, Director of Admissions Valley Catholic High School 4275 SW 148 th Ave., Beaverton, OR 97007	503-520-4721 503-646-4054 FAX	