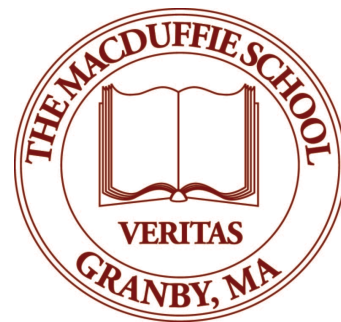


The MacDuffie School

Sixty-Six School Street • Granby, MA • 01033 • Tel. (413) 467-1601 • Fax (413) 460-0199



MATHEMATICS TEACHER RECOMMENDATION

Please complete this portion of the form and give this form to the student's *current* Mathematics teacher along with a stamped envelope addressed to the Admissions Office.

Name of Student: _____ Current Grade: _____

I waive all my right to read the confidential recommendation for the student listed above.

(Student's signature) (date)

(Parent/Guardian signature) (date)

(Parent/Guardian signature) (date)

Applicants to The MacDuffie School are asked to supply confidential, personal recommendations from their current teachers. These recommendations will assist the Admissions Committee in assessing social adjustment, intellectual potential, and quality of character. Your candid responses when evaluating this student are greatly appreciated, will be held in confidence and used for admission purposes only, and will not become part of the candidate's permanent record.

Before returning this form, please photocopy for your files.

How long have you known the student? _____ How long have you taught the student? _____

Title of Course: _____

Textbooks and required materials for your class: _____

Personal Evaluation

In relation to other students you have known, please evaluate this student in the following areas to the best of your ability.

	Excellent	Above Average	Average	Below Average	Weak
Ability to Work Independently	5	4	3	2	1
Academic Potential	5	4	3	2	1
Analytical Ability	5	4	3	2	1
Attention Span	5	4	3	2	1
Class Participation	5	4	3	2	1
Consideration of Others	5	4	3	2	1
Cooperation of Parents	5	4	3	2	1
Effort & Perseverance	5	4	3	2	1
Emotional Stability	5	4	3	2	1
Follows Directions	5	4	3	2	1
Initiative	5	4	3	2	1
Integrity & Honesty	5	4	3	2	1
Intellectual Curiosity	5	4	3	2	1
Leadership	5	4	3	2	1
Maturity (relative to age)	5	4	3	2	1
Motivation/Attitude	5	4	3	2	1
Organization	5	4	3	2	1
Self-discipline	5	4	3	2	1
Self-esteem	5	4	3	2	1
Use of Time	5	4	3	2	1
Work Habits	5	4	3	2	1

Mathematics Evaluation: In relation to other students you have known, please evaluate this student in the following areas to the best of your ability.

	Excellent	Above Average	Average	Below Average	Weak
Accuracy	5	4	3	2	1
Computational Skills	5	4	3	2	1
Grasping New Concepts	5	4	3	2	1
Long-Term Skill Retention	5	4	3	2	1
Mathematical Reasoning	5	4	3	2	1
Problem Solving	5	4	3	2	1
Processing Speed	5	4	3	2	1

Is the applicant capable of handling college preparatory work? _____

Describe the applicant's ability in problem solving and in dealing with abstract concepts: _____

Does the applicant interact well with: peers? ____ teachers? ____ adults/persons of authority? ____

If no, please elaborate: _____

What would you suggest as the next course of study for this child?

____ Pee-Algebra ____ Algebra I ____ Geometry ____ Algebra II ____ Advanced Algebra II

____ Algebra III ____ Trigonometry ____ Calculus

Please comment on the applicant's ability to respond to criticism or suggestion: _____

Has the applicant been a discipline problem in the community? __ Yes __ No If yes, please elaborate:

What additional information can you share about this applicant? _____

(Please Print)

Name: _____ Home Phone: _____

(area code)

Address: _____ Work Phone: _____

(street or PO box)

(area code)

(city)

(state)

(zip)

Email: _____

May we contact you with for further information? ____ Yes ____ No

(signature)

(date)

Please return form to: Admissions Office, The MacDuffie School, 66 School Street, Granby, MA 01033

Phone: (413) 467-1601

Fax: (413) 460-0199

email: admissions@macduffie.org