



Mount St. Michael Catholic School

Math Teacher Recommendation for Students Entering 6th-8th Grades

Mail: P.O. Box 225159, Dallas, TX 75222-5159 ~ Physical: 4500 W. Davis, Dallas, TX 75211
Phone: 214-337-0244 ~ Fax: 214-339-1702 ~ Email: info@msmcatholic.org

Name of Student _____ Applying for Grade _____

Parent or Guardian

Parent or Guardian: Please write your child's name in the space above then read and sign the following before giving this to your child's teacher. Give the teacher an envelope addressed and stamped for return to MSMCS. (See above mailing address.)

I understand and agree that the information contained on this Teacher Recommendation form is confidential. It will be used only in the selection of applicants, and will not become part of the applicant's permanent file. I also agree that this completed form will not be available to applicants, parents, or anyone outside the Admissions Committee. I waive any right to review this recommendation.

Parent's Signature _____ Date _____

General Academic Ability

☐ Superior

☐ High Average

☐ Average

☐ Below Average

Academic Skills

	Usually	Frequently	Sometimes	Seldom
Listens to and follows teacher's directions				
Is attentive to group discussions/activities				
Contributes appropriately to group discussions/activities				
Demonstrates ability to work independently				
Perseveres in spite of difficulty				
Works cooperatively				
Enjoys new challenges				
Exhibits problem solving abilities				
Expresses written ideas clearly				
Expresses verbal ideas clearly				
Is self motivated				
Is intellectually curious				
Is prepared for class				
Approaches Math with a positive attitude				
Knows Math Facts				

Social Skills

	Usually	Frequently	Sometimes	Seldom
Responds positively to constructive criticism				
Establishes friendships easily				
Is comfortable in a group				
Is respected by faculty				
Is respected by peers				
Respects others				
Demonstrates self control				
Demonstrates appropriate behavior				
Exhibits emotional maturity				
Demonstrates appropriate energy level				
Takes pride in appearance				

Check the words that best describe this applicant:

- | | | | | |
|---|---------------------------------------|--------------------------------------|---|---|
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Honest | <input type="checkbox"/> Immature | <input type="checkbox"/> Disobedient | <input type="checkbox"/> Self-disciplined |
| <input type="checkbox"/> Mature | <input type="checkbox"/> Oppositional | <input type="checkbox"/> Vivacious | <input type="checkbox"/> Manipulative | <input type="checkbox"/> Conscientious |
| <input type="checkbox"/> Over-protected | <input type="checkbox"/> Social | <input type="checkbox"/> Cheerful | <input type="checkbox"/> Self-centered | <input type="checkbox"/> Follower |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Confident | <input type="checkbox"/> Irritable | <input type="checkbox"/> Easily discouraged | <input type="checkbox"/> Perfectionist |
| <input type="checkbox"/> Helpful | <input type="checkbox"/> Witty | <input type="checkbox"/> Responsible | <input type="checkbox"/> Motivated | <input type="checkbox"/> Negative leader |

Is the student habitually tardy or absent?

☐ Yes

☐ No

If yes, please elaborate.

If you have additional information that will be helpful to the Admissions Committee in evaluating the applicant, please comment. (e.g. special accommodations or modifications)

Check one:

- ☐ Highly recommend ☐ Recommend ☐ Recommend with reservation ☐ Do not recommend

If this answer is “Do not recommend” or “Recommend with reservation,” please explain.

I would:

☐ like to

☐ be willing to

discuss this applicant by telephone.

Is there anything regarding the family that would be helpful for us to know?

Teacher's name printed _____ Subjects taught _____

Teacher's signature _____ Date _____

Name of school _____ School phone _____

Home phone (optional) _____

**Director/Principal
Parental Involvement**

The parent(s) of this family support(s) school policies and procedures:

☐ Usually

☐ Frequently

☐ Sometimes

☐ Seldom

Signature _____

Date: _____

Principal/Director Name Printed: _____