

TEACHER RECOMMENDATION

7th-12th Grade Math Students

To the Applicant:

Please type or print your name and give this form to your current teacher with a stamped envelope addressed to:
AZ Academy Attn: Admissions Department, 3036 Estate Orange Grove, Christiansted, VI 00820

Student Name:

Applying to Grade:

Parent/Guardian (Please read and sign the statement below.)

For the student named above, I authorize the release of school records, including an official transcript of all grades for the past two years as well as the results of academic testing. I acknowledge that I waive my right to read this confidential teacher recommendation.

Signature of Parent or Guardian:

Date:

Teacher:

Thank you for taking the time to fill out this form. Our ability to effectively evaluate this student is helped considerably by your timely and candid insights. This recommendation will remain confidential and will not become part of the student's permanent record. Be sure the parent/guardian has signed the form and provided a stamped envelope addressed to AZ Academy at the above address. If you would like to add comments, please use the back of this page.

Teacher's Name:

School:

Title:

ACADEMIC QUALITIES	Poor	Below Average	Average	Good	Excellent
Study Habits					
Attention Span					
Initiative					
Intellectual Curiosity					
Critical & Abstract Thinking Skills					
Completes Work on Time					
Attendance					

PERSONAL QUALITIES	Poor	Below Average	Average	Good	Excellent
Creativity					
Self-Confidence					
Respect Accorded by Faculty					
Respect Accorded by Peers					
Reaction to Setbacks/Criticisms					
Integrity					
General Level of Maturity					
General Conduct					
Responsibility					

MATH SKILLS	Poor	Below Average	Average	Good	Excellent
Mental Math/Estimation					
Understanding Concepts					
Problem Solving					
Computation					
Critical Thinking					