

South Shore Christian Academy

45 Broad Street · Weymouth, MA 02188 · (781) 331-4340 · Fax (781) 331-9956 · www.southshorechristian.org

Math Evaluation for grades 6 - 12

INSTRUCTIONS TO THE APPLICANT:

Please print your name and school below and give this form and a stamped return envelope (addressed to the Admissions Office at 45 Broad Street, Weymouth, MA 02188) to your current Math teacher.

Date of Application: ___/___/___ Application for Grade: 6 7 8 9 10 11 12 September, 20___

Last Name First Name Middle Preferred Name

School Present Grade

Home Telephone Email Address

TO THE MATH TEACHER:

The student above is applying to South Shore Christian Academy, an independent, nondenominational, college preparatory day school for boys and girls in grades Preschool -12. Your thoughts and candid assessment of the above named candidate is integral to our admissions process. We understand that preparing a recommendation can be time-consuming, so we thank you in advance for completing this form. Please note that your comments will be held in confidence.

Academic and Personal Evaluation:

1. How long have you known this student and in what context? Please list course(s) you have taught this student and the level of course difficulty. _____

2. What math course is this student currently taking? _____

3. What are the first words that come to mind to describe this student?

4. What are the student's strengths?

5. What are the student's weaknesses?

6. Please comment on the extent of the student's need for prodding or supervision.

7. Has this student had behavioral problems in class?

8. Please comment on this student's maturity in relation to his or her peers.

9. Describe this student's character and personality (e.g., attitude, responsibility, sense of humor, etc.).

10. Any additional comments are appreciated.

Overall Recommendation

	Outstanding	Above Average	Very Good	Average	Below Average
As a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name (please print)

Title

Name of school

Telephone

Street

City

State

Zip

Date

Thank you again for taking time to complete this form. Your thoughts are an integral part of the admissions process.