



Mathematics Teacher Recommendation

Applicant's Name _____

To the student: Please read the statement below and sign:

I waive my right to read this confidential teacher recommendation and understand that if I violate the confidentiality of this recommendation, my application might not be processed by the AIS-Salzburg admissions committee.

Signature: _____ Date: _____

To the Mathematics Teacher

This student recommendation and evaluation will be kept strictly confidential. Student applicants to the American International School-Salzburg and their parents will not have access to this information. This information will not affect the student's permanent record; it is for admissions pur-

2. How often does the course meet? _____ 3. What textbook is used? _____

4. What is the student's average percentage grade? _____

5. Please estimate the percentage of time spent in the following areas:

Geometry _____ Algebra _____ Trigonometry _____ Calculus _____

6. What are the first three words that come to mind to describe this student in an academic setting?

a. _____ b. _____ c. _____

7. What would you say are the student's strengths in mathematics? _____

8. In which areas does the student have room for growth? _____

9. Does the student attend classes regularly? _____ yes no If no, please explain below.

10. Is there a problem with tardiness? _____ yes no If yes, please explain below.

11. Does the student turn in homework regularly and on time? _____ yes no If no, please explain below.

(Please see reverse side)

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Please rate the student in the following areas:

1. Study habits
2. Intellectual curiosity
3. Grammar background
4. Self-directedness
5. Self-discipline
6. Attentiveness
7. Accepting criticism
8. Imagination
9. Creativity
10. Confidence
11. Leadership ability
12. Maturity

Additional Commentary

Leadership ab8 0bility