

The Pennfield School



Little Slocum Farm • 110 Sandy Point Avenue • Portsmouth • Rhode Island • 02871

Phone: 401.849.4646 • Fax 401.847.6720 • www.pennfield.org

Math Teacher Recommendation *Grades 3 – 8*

Applicant _____ Entering Grade _____

School _____

Please rate the candidate in the categories listed below:

	Outstanding	Above Average	Average	Below Average
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to take intellectual risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity (relative to age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect accorded by teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect accorded by peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

In what ways has this student made significant contributions to your community? _____

To your knowledge, has the applicant ever been evaluated or provided special considerations for emotional or academic reasons? Yes No Do not know

Please evaluate the candidate in relation to other students of the same age/grade you have taught:

	Outstanding	Above Average	Average	Below Average
Knowledge of basic math skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy in the use of basic math skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasoning ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding underlying ideas/concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort/determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts the challenge of more difficult problems and exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the student is relatively weak or strong in any areas listed above, please elaborate. _____

Does the child have a particular learning style (auditory, visual, hands-on)? _____

We welcome any additional information you think would be helpful in evaluating this candidate. Include any circumstances of which you feel we should be aware (attach an additional sheet of paper if needed).

I understand that the information furnished on this recommendation, together with all other information received by The Pennfield School from any required source, shall be completely confidential to the extent permitted by law and is not available to the applicant or family.

Teacher's Name

Signature

Email

Date