

Name of Applicant _____ Grade _____

To the Parent or Guardian:

I request that this recommendation form be sent to Berkshire Country Day School with the understanding that it will be used for admission purposes. I understand that I may not read this recommendation and agree that I will not seek to do so, either while my child is enrolled at BCD or subsequently.

Parent signature _____ Date _____

To the math teacher:

Please complete this form and return it to the Director of Admission at Berkshire Country Day School. If you would prefer to write a letter addressing math skills, academic performance, and personal qualities, please attach it to your evaluation. Thank you for your time and help.

What are the first words you use to describe this student? _____

By the end of this academic year, this student will have completed

- | | |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Arithmetic course with very little algebra | <input type="checkbox"/> A full-year plane geometry course |
| <input type="checkbox"/> Arithmetic course with approximately 1/2 year algebra | <input type="checkbox"/> including trigonometry |
| <input type="checkbox"/> A full-year beginning algebra course: | <input type="checkbox"/> including logarithms and exponential functions |
| <input type="checkbox"/> including quadratics solved by factoring | <input type="checkbox"/> Other, please specify _____ |
| <input type="checkbox"/> including quadratics solved by the formula | |

Which textbook and chapters will be covered this year? _____

To what degree has the student mastered the material covered in the course so far? _____

What do you perceive as the student's greatest strength in mathematics? _____

What do you perceive as the student's greatest need in mathematics? _____

Please rank the student's ability to grasp new mathematical concepts. (5 high - 1 low)

Describe the student's ability in problem solving. _____

Indicate the most common reason the student does not score 100% on exams.

- | | |
|----------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Not enough time | <input type="checkbox"/> Inadequate test preparation |
| <input type="checkbox"/> Calculation mistakes | <input type="checkbox"/> Inadequate homework preparation |
| <input type="checkbox"/> Incorrect methods | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Physical or mental distractions | |

Academic and Personal Qualities

| | Outstanding | Good | Average | Poor |
|----------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Organization of time and work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to work in a group | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to work alone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Academic ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attention span | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Effort/drive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attendance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conduct | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sense of humor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Consideration for others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maturity for age/grade | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Trustworthiness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relationship with peers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relationship with adults | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to seek help when needed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to use suggestions/corrections | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Attitude of the parents Cooperative Indifferent Overly protective Antagonistic Other

Please provide us with any additional information which might be helpful in our evaluation of this student.

I would welcome a call from Berkshire Country Day School. I have known this candidate for ____ months ____ years.

List in what context you have known the candidate and the courses you have taught him or her. Please include the level of course difficulty (i.e. regular, accelerated).

Context _____

Courses _____

Print Name _____

Signature _____ Date _____

School _____

School Address _____ School telephone _____

Return to: Director of Admission, Berkshire Country Day School