



MATH
(FOR GRADES 6–12)

To the Applicant:

Please complete this section and deliver this form to your Math teacher. The person making the recommendation will forward this to the appropriate person at your school who will mail it directly to the Admissions Office at Holy Spirit Preparatory School, 4449 Northside Drive, Atlanta, GA 30327. Recommendations become the confidential property of Holy Spirit Preparatory School and are not subject to applicant or parental review.

Student Name _____ Current Grade _____

Name of Current School _____

School Address _____ County _____

City _____ State _____ Zip _____

School Phone Number _____

**To Be Filled Out By Current English Teacher
And Mailed To:**

Admissions Office, Holy Spirit Preparatory School, 4449 Northside Dr. NW, Atlanta, GA 30327

What is the name of your course and the text you are using?

What are the applicant's strengths in Math?

What are the applicant's weaknesses in Math?

To what extent does the applicant contribute in class discussion?

Eagerly Occasionally Seldom Never

Where does the applicant rank in your class? Top 10% Top 50% Bottom 50% Bottom 10%

Please see other side

To the Evaluator: *Please check the appropriate box.*

RECOMMENDATION AS A STUDENT

	Exceptional	Good	Average	Poor
Academic potential	<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"/>
Attitude toward teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility & promptness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECOMMENDATION AS A PERSON

	Exceptional	Good	Average	Poor
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer compatibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warmth of personality	<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"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spirit of cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<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"/>

Recommendation for Applicant — Please check the appropriate math placement

PreAlgebra Algebra I Geometry Algebra II Trigonometry Calculus

Thank you for taking the time to complete this evaluation. All information you provide will be held in confidence and only disclosed to members of the admissions committee.

Signature _____ Name of School _____

Printed Name _____ Contact number _____

Subject Area _____ Years you have known applicant _____