



Gaston Day School

Confidential Recommendation Form Math Teacher Grades 5 - 12

Name of candidate _____ Current grade _____

How long have you known this student and in what capacity? _____

Please rate the student on the following:

ACADEMIC RATINGS

- Motivation
- Creative Qualities
- Self-Discipline
- Growth Potential
- Intellectual Risk-Taking
- Overall Academic Promise
- Pattern of Completing Work on Time
- Ability to Focus
- Organizational Skills

	Excellent	Above Average	Good	Average	Below Average
Motivation					
Creative Qualities					
Self-Discipline					
Growth Potential					
Intellectual Risk-Taking					
Overall Academic Promise					
Pattern of Completing Work on Time					
Ability to Focus					
Organizational Skills					

CHARACTER AND PERSONALITY RATINGS

- Personal Initiative
- Leadership
- Self-Confidence
- Concern for Others
- Respect for Those Unlike Himself/Herself
- Respect Accorded to Faculty
- Emotional Maturity Compared to Peers
- Interaction with Adults
- Interaction with Peers

Personal Initiative					
Leadership					
Self-Confidence					
Concern for Others					
Respect for Those Unlike Himself/Herself					
Respect Accorded to Faculty					
Emotional Maturity Compared to Peers					
Interaction with Adults					
Interaction with Peers					

Has tutorial assistance been recommended? _____ If yes, why? _____

Has tutoring been given? _____ If yes, by whom? _____

BEHAVIOR

Classroom behavior as compared to Peers

<i>Excellent</i>	<i>Above Average</i>	<i>Good</i>	<i>Average</i>	<i>Below Average</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To the best of your knowledge, has the student been placed on academic or personal probation, suspended, expelled, or experienced excessive disciplinary infractions at your school?

Yes _____ No _____ If yes, please explain _____

All factors considered, how do you recommend this student::

___ Enthusiastically ___ Confidently ___ With Reservation* ___ Do Not Recommend*

* Please explain _____

FAMILY INFORMATION

Cooperation with Faculty/Administration

Always	Usually	Sometimes	Rarely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Expectations for Student

Realistic	Unrealistic	Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Participation in Child's Education

Overly involved	Appropriately involved	Sometimes involved	Rarely involved
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please feel free to write additional comments on this page or attach a separate sheet. Any information you provide that will give us a better picture of this candidate will be appreciated.

Your Name _____ Signature _____

Title or Position _____ Date _____

School Name and Address _____

Please return this form to: Director of Admissions
 Gaston Day School
 2001 Gaston Day School Road
 Gastonia, North Carolina 28056
 Phone 704.864.7744 Fax 704.865.3813