

Upper School Math Teacher Recommendation Form

This form is only for students entering 7-12 grade



**ORANGEWOOD
CHRISTIAN SCHOOL**

1300 W. Maitland Blvd., Maitland, FL 32751
P. 407.339.0223 | F. 407.339.4148 | www.orangewoodchristian.org

Student's Name: _____ Current Grade: _____

Permission is given to release the information below.

Parent Signature: _____ Date: _____

DEAR MATH TEACHER:

Please complete this form as completely as possible. The applicant's file will not be complete without the return of this form. We appreciate your time and comments.

How long have you known the student? _____

What is your teaching relationship to the student? _____

Based on your experience and knowledge of this student, what is your assessment of his/her strengths and inclinations? Please comment on any number marked below 3. Please circle the appropriate response:

	Below Average	Average	Above Average	Outstanding	
Academic Potential	1	2	3	4	_____
Academic Achievement	1	2	3	4	_____
Initiative/Motivation	1	2	3	4	_____
Self-discipline	1	2	3	4	_____
Leadership Potential	1	2	3	4	_____
Personal Integrity	1	2	3	4	_____
Conduct and Discipline	1	2	3	4	_____
Respect for Adults	1	2	3	4	_____
Concern for Others	1	2	3	4	_____
Dependability	1	2	3	4	_____
Overall Recommendation	1	2	3	4	_____

Is this recommendation consistent with his/her report card? Yes No

Please describe this student's strengths and inclinations, including any unique challenges in meeting the needs of this student.

School Name: _____ School Phone: _____

School Address/City/State/Zip: _____

Dates the child attended this school: _____

Teacher's Name: _____

This information may or may not be discussed with parents.

Teacher Signature

Date

Call 407.339.0223 with questions. Thank you for your time. Please send this completed form to:
Orangewood Christian School, 1300 W. Maitland Blvd., Maitland, FL 32751, Attention: Admissions Office