



american international school
SALZBURG · AUSTRIA

Mathematics Teacher Recommendation

Applicant's Name _____

To the student: Please read the statement below and sign:
I waive my right to read this confidential teacher recommendation and understand that if I violate the confidentiality of this recommendation, my application might not be processed by the AIS-Salzburg admissions committee.
Signature: _____ Date: _____

To the Mathematics Teacher

This student recommendation and evaluation will be kept strictly confidential. Student applicants to the American International School-Salzburg and their parents will not have access to this information. This information will not affect the student's permanent record; it is for admissions purposes only. We thank you for your honest and valuable assistance in filling out this form.

Name of person submitting this recommendation: _____

Title and position: _____

1. Title of course in which you teach this student: _____

2. How often does the course meet? _____ 3. What textbook is used? _____

4. What is the student's average percentage grade? _____

5. Please estimate the percentage of time spent in the following areas:

Geometry _____ Algebra _____ Trigonometry _____ Calculus _____

6. What are the first three words that come to mind to describe this student in an academic setting?

a. _____ b. _____ c. _____

7. What would you say are the student's strengths in mathematics? _____

8. In which areas does the student have room for growth? _____

9. Does the student attend classes regularly? _____ yes no If no, please explain below.

10. Is there a problem with tardiness? _____ yes no If yes, please explain below.

11. Does the student turn in homework regularly and on time? _____ yes no If no, please explain below.

Please rate the student in the following areas:

| | Outstanding | Excellent | Good | Average | Below Average | No basis for Judgement |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Study habits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Intellectual curiosity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Grammar background | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Self-directedness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Self-discipline | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Attentiveness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Accepting criticism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Imagination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Creativity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Confidence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Leadership ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Maturity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Commentary

Please feel free to add further information which may be of assistance to us in processing this student's application:

Teacher Signature: _____ Date: _____

Please return this form to:

The American International School-Salzburg • Moosstrasse 106 • A-5020 Salzburg Austria • Fax +43 662 824555