



MATHEMATICS TEACHER

RECOMMENDATION FORM

- This form will be used only by the Admissions Committee and will not become a part of the cumulative record of the prospective student; therefore, this form will *not* be open to general review and will be destroyed when the admissions process has been completed.
- Please complete this form and send directly to the attention of La Salle's Admission's Office. **The student should provide you with a return envelope to mail directly** to La Salle Admissions at 3000 Lightning Way, Union Gap, WA 98903. Or you can scan it to admissions@lasalleyakima.org or fax it to the Admissions Office at (509) 225-2994.
- Do not give this completed form to the student.

Student Name: _____

Course Title: _____

School: _____

Current Grade Level: _____

STUDENT RATING	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE
MOTIVATION ◆ committed to learning, attentive to goals ◆ inclined to complete tasks				
SENSE OF RESPONSIBILITY ◆ concerned with welfare and rights of others ◆ respects property				
PERSONAL RELATIONSHIPS ◆ works well with others, liked by others ◆ included in group activities				
Initiative/Leadership ◆ often called upon to direct activities ◆ works for constructive improvement				
ACADEMIC ABILITY				
ACADEMIC PERFORMANCE				
ATTENDANCE AT SCHOOL				
COOPERATION				
GENERAL CONDUCT				
WORK AND STUDY HABITS				
ABILITY TO HANDLE HIGH SCHOOL MATH				

PLEASE CHECK IF APPLICABLE:

Yes No Are there any extraordinary health problems which might affect academic performance?

Yes No Has the student been subject to extraordinary disciplinary procedures?

If yes to any of the above, please explain:

RECOMMENDATION	ACADEMICALLY	AS A PERSON
I strongly recommend this student.		
I recommend this student.		
I recommend this student with reservations. <i>(Please state reservation below.)</i>		
I do not recommend this student. <i>(Please state your reasons below.)</i>		

Is there any additional information which you think might or should influence our decision?

I recommend this student enter:

Pre-Algebra _____ Algebra 1 _____ Geometry _____ Algebra 2 _____

Evaluator's Name: _____

Signature: _____

Date: _____

Thank you for the time that you have taken to prepare this report. Your carefully considered judgments will have a direct bearing on the candidate's application.