

MATH TEACHER RECOMMENDATION FORM (Entering 7th ~ 12th)

Please complete the information below, sign it, and send this form directly to KKFS.

Name of Student: _____ Grade applying for: _____

Name of Current School: _____ Present Grade: _____

The student above is applying for admission to Korea Kent Foreign School. Your candid insight will help the Admissions Committee in its evaluation of this applicant. We sincerely appreciate your assistance. All information shared is confidential.

Student's Mathematical Background:

The courses listed below suggest a sequence typical of the curriculum in many American high schools. Please check those courses or list others that the student will have completed by the end of the current school year.

Course Name

- | | |
|------------------------------------|--------------------------|
| Math 6 | <input type="checkbox"/> |
| Math 7 | <input type="checkbox"/> |
| Pre-algebra | <input type="checkbox"/> |
| Algebra I | <input type="checkbox"/> |
| Geometry | <input type="checkbox"/> |
| Algebra II with Trigonometry | <input type="checkbox"/> |
| Pre-calculus | <input type="checkbox"/> |
| Calculus | <input type="checkbox"/> |
| Honors Class | <input type="checkbox"/> |
| Advanced Placement (AP) Statistics | <input type="checkbox"/> |
| Advanced Placement (AP) AB | <input type="checkbox"/> |
| Advanced Placement (AP) BC | <input type="checkbox"/> |
| Mathematics Course _____ | <input type="checkbox"/> |

In what years and in what course did you teach the student? _____

What math course would you recommend for the next academic year? _____



Please evaluate the student in relation to other students you have taught and check the appropriate box

	No basis for judgment	Below average	Average	Good	Excellent
Computational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasoning ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to understand new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to deal with abstract concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term retention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation to succeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical thinking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teacher's Name: _____ Teacher's Signature: _____ Date: _____

School: _____ E-mail: _____

Thank you for taking the time to complete this form.