



The student below has applied for admission to The Wellington School. Your comments will remain strictly confidential. Please return this form directly to the Admissions Office. Thank you for taking the time to complete this recommendation form. We appreciate your prompt response.

Name of student _____ Application for grade _____

How long and in what capacity have you known the candidate? _____

Please describe the candidate's interests, skills, and abilities in mathematics. The Admissions Committee is particularly interested in the candidate's strengths and needs. _____

Please provide the name of the textbook used and the student's level of understanding of this subject. _____

Is the academic record in mathematics a true measure of the student's ability? ☐ Yes ☐ No

If not, please explain. _____

Please indicate any activities, school and community, in which you know the candidate has participated with distinction. _____

Has this applicant ever been suspended or subject to any other disciplinary action? ☐ Yes ☐ No

Please explain. _____

CONFIDENTIAL MATH TEACHER RECOMMENDATION (Continued)

PLEASE RATE THE CANDIDATE IN THE CATEGORIES LISTED BELOW.

If you feel unable to make a judgment in a category, place a check in the last column.

	High	Average	Low	No Rating
Integrity				
Initiative/eagerness to learn				
Cooperation with others				
Leadership potential				
Emotional stability				
Creativity				
Perseverance				
Maturity				
Sense of humor				

Please check all applicable math classes the applicant has completed or is currently taking:

Pre-algebra Algebra I Algebra II Geometry Pre-calculus Calculus

What is the candidate’s greatest personal strength? _____

How would you rate the student’s ability to complete assignments? _____

In comparison with other students whom you have known, how would you rate the candidate?

	Outstanding	Excellent	Above Average	Average	Below Average
As a person					
As a student					

Print Name _____ Title _____

School Name _____ School Phone _____

Home Phone _____ Cell Phone _____

School Address _____

City _____ State _____ ZIP _____

Email _____

Signature _____ Date _____