



# Atlanta Jewish Academy

## Math Teacher Recommendation

Thank you for taking the time to share your thoughts with us. We value your input and perspective.

Elizabeth Schoen, Admissions/Registrar  
770-451-5299 ext. 209

All comments will be held in strictest confidence; information will be used only for admissions purposes and will not become part of the student's permanent record file.

Student's Name: \_\_\_\_\_  
First Middle Last

Your Name: \_\_\_\_\_  
First Last

1. Please list the subject taught and level of difficulty: \_\_\_\_\_
2. How long have you known this student and in what capacity? (i.e. class, club, etc.) \_\_\_\_\_
3. Describe this student to the best of your ability. \_\_\_\_\_

4. Please check the category that best applies to the student:

	Exceptional	Above Average	Average	Below Average
Creative ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent thought and action	<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"/>
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult and social interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What are the academic strengths and weaknesses of this student? (e.g. diligence, desire to learn, curiosity, class leadership, achievement in relationship to potential, preparation and completion of homework).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Would you recommend this student for Honors Level Math?

7. Would you recommend this student receive academic support?

Thank you for completing the Math Teacher Recommendation.

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Signature

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Please Print Name & Date

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Name of School

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Street City State Zip County

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Phone Number Month Day Year

**Atlanta Jewish Academy**  
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If you have any questions, please contact Elizabeth Schoen at x 209