

# Math Teacher Recommendation

To be completed by candidate's **current teacher** and emailed or mailed directly to BASIS Independent Brooklyn. Even if the student has the same teacher for all subjects, please ensure the form is specific to the student's performance in math.

CANDIDATE'S FULL NAME .....

APPLYING FOR GRADE .....

## TO THE PARENT/GUARDIAN

**Please read and sign the following statement before giving this form to your child's teacher.**

*I understand and agree that the information contained in this form will be used only in the selection of candidates for admission to BASIS Independent Brooklyn and will not become part of the applicant's permanent file. I also understand that the completed form will not be made available to me or anyone outside the BASIS Independent Brooklyn Admission Committee. I waive any right to see it.*

SIGNATURE PARENT/GUARDIAN .....

DATE .....

## TO THE TEACHER

The student named above is a candidate for admission to BASIS Independent Brooklyn. The school considers both a candidate's academic and personal qualities when making its admission decisions. **The information you provide is confidential and will be used only in the selection of candidates.** It will not become a part of the candidate's permanent file and will not be available to the candidate or to his/her parents. Please retain a completed copy of this recommendation form for your records.

NAME OF PERSON COMPLETING THIS FORM .....

HOW LONG HAVE YOU KNOWN THIS STUDENT? .....

WHICH SUBJECT HAVE YOU MOST RECENTLY TAUGHT THE STUDENT? .....

# Math Teacher Recommendation

ACADEMIC RATINGS	POOR	AVERAGE	GOOD	EXCELLENT TOP 10% OF CLASS	ONE OF THE TOP FEW ENCOUNTERED IN MY CAREER
Academic Interest					
Motivation					
Ability					
Originality					
Organization					
Study Habits					
Academic Independence					
Contributes in Class					
Completes Assignments on Time					
Written Skills					
Verbal Skills					

Please explain any poor or average ratings. If none, please take a moment to provide any other comments or feedback about this candidate.

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CHARACTER RATINGS	POOR	AVERAGE	GOOD	EXCELLENT TOP 10% OF CLASS	ONE OF THE TOP FEW ENCOUNTERED IN MY CAREER
Self Confidence					
Peer Relations					
Adult Relations					
Concern for Others					
Standards for Personal Integrity					
Cooperation					
Maturity					
Reaction to Criticism					

Please explain any poor or average ratings. If none, please take a moment to provide any other comments or feedback about this candidate:

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## I RECOMMEND THIS CANDIDATE

### For academic promise:

- Strongly recommend
- Recommend
- Neutral
- Do not recommend
- Strongly do not recommend

### For character and personal promise:

- Strongly recommend
- Recommend
- Neutral
- Do not recommend
- Strongly do not recommend

TITLE .....

SIGNATURE ..... DATE .....

SCHOOL .....

SCHOOL ADDRESS .....

SCHOOL PHONE ..... FAX .....

EMAIL .....

**This application will not be considered complete until receipt of records by the Office of Admissions.  
Please mail, email, or fax to:**

BASIS Independent Brooklyn – Office of Admissions  
556 Columbia Street  
Brooklyn NY 11231  
P: (718) 643 6302  
F: (347) 402 2409  
E: [brooklyn-admissions@basisindependent.com](mailto:brooklyn-admissions@basisindependent.com)