

# Brewster Academy Summer Session

c/o Summer Programs  
80 Academy Drive  
Wolfeboro, NH 03894  
(603) 569-7155 FAX: (603) 569-7050

## TEACHER RECOMMENDATION: MATH

\*Complete this form only if the student is applying for the Mathematics program.

**Name of Student:** \_\_\_\_\_

**To the Student:** Please print or type your name on the line above and give to your **Math** teacher. Your teacher should return this form directly to the Brewster Academy Summer Session Office.

**To the Math Teacher:** The above-named student is applying to the Brewster Academy Summer Session. We would greatly appreciate your thoughtful comments to the questions below as they pertain to the student. Please return this form at your earliest convenience to the address above, or you may submit it online at [www.brewsteracademy.org](http://www.brewsteracademy.org) (locate “summer programs” on the home page, then “summer session”). **In order for this student’s application to be considered for acceptance into Brewster Academy Summer Session, we may follow up this preliminary form with a brief telephone conversation with you. Please include a phone number, and a convenient time for us to call; or indicate if you prefer we contact you via email.**

<b>Key: 0= Unacceptable    1= Below Average    2= Average    3= Good    4= Superior</b>
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**1. Please rate the student in the following areas:**

A. Attention during class	0	1	2	3	4
B. Motivation and effort	0	1	2	3	4
C. Class participation	0	1	2	3	4
D. Completion of homework	0	1	2	3	4
E. Intellectual Curiosity	0	1	2	3	4

**2. Please rate the student’s mathematical skills:**

A. Computational accuracy	0	1	2	3	4
B. Computational speed	0	1	2	3	4
C. Mastery of concepts	0	1	2	3	4
D. Problem solving strategies	0	1	2	3	4
E. Mastery of basic mathematical facts	0	1	2	3	4

**3. What do you perceive as the student’s greatest strength in mathematics?**

**4. What do you perceive as the student’s greatest need in mathematics?**

**5. What level or range does the student fall within compared to other students in your class?  
Please circle one.**

Bottom 10%                  10-25%                  25-50%                  50-75%                  Top 10%

**6. Please rate the student's character using the same guidelines formerly described.**

A. Work ethic	0	1	2	3	4
B. Honesty and integrity	0	1	2	3	4
C. Maturity	0	1	2	3	4
D. Responsibility for actions	0	1	2	3	4
E. Consideration/concern for others	0	1	2	3	4
F. Leadership ability	0	1	2	3	4
G. Reactions to suggestions/advice	0	1	2	3	4
H. Reaction to criticism	0	1	2	3	4

**7. Please list other comments or information that may be useful to us in our placement of this student.**

**8. How long have you worked with this student?**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_ Position: \_\_\_\_\_

School: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number I can be reached at: \_\_\_\_\_

Convenient days/times to call: \_\_\_\_\_

[ ] I prefer further contact, if necessary via email: