

Fairhill School

16150 Preston Road Dallas, Texas 75248
(972) 233-1026 FAX (972) 233-8205

Confidential Math Teacher Recommendation Form

Grades 5-12

To the Parent:

Please have your child's current Math teacher complete this form and return it to Fairhill School Admissions Office.

APPLICANT'S NAME: _____
First Middle Last

School Year: _____ Present Grade: _____ Applying for Grade: _____

To the Teacher:

The student named above has applied to Fairhill School, a private school that specializes in students with specific learning differences and average to above average intellectual potential. Fairhill provides a supportive atmosphere where learning different students have the opportunity to thrive. Thank you for your time and reflection in completing both sides of this form. Your observations are an important part of the applicant's application. The information you provide is confidential and will be used only in the selection of applicants. It will not become part of their permanent file and will not be available to applicants or parents. Please mail this report directly to Fairhill School Admissions Office.

	Superior	Good	Average	Below Average	Poor
Academic Performance					
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facts / computation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concepts / problem solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prediction of success at present school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has outside help been recommended?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Has outside help been given?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, by whom? _____		

Study Habits

Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pattern of completing work on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pattern of completing homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization / care of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Personal Characteristics

Peer relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward faculty and staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assumption of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citizenship / Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has this student received office referrals for disciplinary problems?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please state the nature of the discipline problem.	_____				

Comments: _____

Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the following:

1. Applicant's greatest strengths:

2. Limitations, disabilities, or special needs:

3. Applicant's social and / or emotional development as compared with that of his / her peers:

4. Parental expectations, support, and attitude toward child:

5. Parental expectations and support of school:

6. Special comments:

This student has been enrolled in this school for _____ years. I have known him / her for _____ years.

Signature

Position

Date

School

Address

Telephone

City

State

Zip