



MATH
FOR GRADES 6–12

Parents, please submit this form to your child’s current math teacher with a stamped envelope addressed to:

The Admissions Office
Holy Spirit Preparatory School
4449 Northside Drive NW
Atlanta, GA 30327

STUDENT NAME		CURRENT GRADE	
NAME OF CURRENT SCHOOL			
SCHOOL STREET ADDRESS		COUNTY	
CITY	STATE	ZIP CODE	SCHOOL PHONE

TO THE CURRENT MATH TEACHER

Please fill this out and mail it using the envelope provided with this form.

What is the name of your course and the text you are using?

What are the applicant’s strengths in math?

What are the applicant’s weaknesses in math?

To what extent does the applicant contribute in class discussion? Eagerly Occasionally Seldom Never

Where does the applicant rank in your class? Top 10% Top 50% Bottom 50% Bottom 10%

To the Evaluator: please check the appropriate box.

RECOMMENDATION AS A STUDENT				
	Exceptional	Good	Average	Poor
Academic Achievement				
Attitude toward teachers				
Reaction to criticism				
Responsibility and Promptness				
Math skills				
Oral expression				
Written expression				
Study habits				
RECOMMENDATION AS A PERSON				
	Exceptional	Good	Average	Poor
Maturity				
Peer compatibility				
Personal appearance				
Warmth of personality				
Honesty and integrity				
Dependability				
Spirit of cooperation				
Leadership potential				
Initiative				
Emotional stability				
RECOMMENDATION FOR PLACEMENT				
	Pre-Algebra		Algebra I	
	Geometry		Algebra II	
	Trigonometry		Calculus	

Thank you for taking the time to complete this evaluation. All information you provide will be held in confidence.

SIGNATURE	NAME OF SCHOOL
PRINTED NAME	CONTACT NUMBER
SUBJECT AREA	YEARS YOU HAVE KNOWN APPLICANT