



CHARLESTON COLLEGIATE SCHOOL
 2024 Academy Drive, John's Island, South Carolina 29455
 Tel: (843) 559-5506, Fax: (843) 559-6172
 Email: info@charlestoncollegiate.org

Math Recommendation

THIS SECTION TO BE COMPLETED BY THE PARENT/GUARDIAN:

_____ Applicant's Name	_____ School Name
_____ Home Address	_____ School Address
_____ City, State, Zip	_____ City, State, Zip
_____ Home Telephone	_____ School Telephone
_____ Parent/Guardian's Name	_____ Teacher's Name

THIS SECTION TO BE COMPLETED BY THE TEACHER:

The applicant named above is applying to Charleston Collegiate School, a coed, college prep school for students in grades preschool through twelve. Please respond to the following statements about the applicant. Your candor and thoroughness will allow the Admissions Committee to make a decision that is in the best interest of the applicant. **Your responses will be kept strictly confidential.**

_____ Applicant's Name	_____ Current Grade Level				
<i>Circle current course:</i> <i>(Grades 5-12)</i>	Math, 5 th Algebra I	Math, 6 th Geometry	Math, 7 th Algebra II	Math, 8 th Pre-Calculus	Pre-Algebra Calculus
<i>Circle current course level:</i>	College Algebra	Other (please specify):	Remedial	Regular	Honors
<i>Circle recommended course level:</i>	Remedial		Regular	Honors	

<i>Please rate the applicant in the following areas:</i>	Excellent	Good	Average	Poor	Not Known
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express ideas orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consideration of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of time and work	<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"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<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"/>
Parent cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you taught this student? ____ Year(s) During which school year(s)? _____

What do you consider this student's strengths in Math? _____

What are his or her weaknesses? _____

Are you aware of any learning style differences that may limit this student's ability to perform in a traditional classroom setting? _____

How would you recommend this applicant?

____ With great enthusiasm ____ With confidence ____ With reservation (*please explain*)

If you cannot recommend this applicant, please explain: _____

Printed Name

Signature

School

Date

Please Note: Occasionally, it is necessary for the Admissions Office at Charleston Collegiate School to seek clarification on a recommendation from a teacher. If it is difficult to reach you during the day and you would be willing to be contacted at home in the early evening, please give your home telephone number and the Director of Admissions will contact you if necessary:

() _____

RETURN THIS FORM TO:

**Office of Admissions
Charleston Collegiate School
2024 Academy Drive
John's Island, SC 29455**

Charleston Collegiate School welcomes qualified students of any race, religion, or ethnic origin.