

CURRENT MATHEMATICS TEACHER RECOMMENDATION FORM

To be completed by teacher.

Dear Teacher:

Your recommendation is an important consideration in the decision process of the screening committee. Please complete the recommendation with reference to the demands of this challenging program and the full spectrum of students in general. Your comments are encouraged and greatly appreciated.

Student Name _____ Student ID# _____

- A. Is this course a GT course? Yes No
If no, is there a GT course available in the school? Yes No
- B. Is this student capable of working successfully in the magnet program? Yes No
- C. Please comment on the student's academic and personal integrity.

D. Additional comments are extremely important: (You may use the back of this page as needed.)

Please use the following rating scale in completing each of the descriptors for this student. Consider the student with reference to the demands of the program and the full spectrum of students in general.

- 5 – Exhibits this trait to an **exceptional** degree
- 4 – Exhibits this trait **consistently**
- 3 – Exhibits this trait **frequently**
- 2 – Exhibits this trait **occasionally**
- 1 – Exhibits this trait **rarely**

	RATING	SCORE
Demonstrates higher order thinking skills (analysis and synthesis of ideas)	5 4 3 2 1	
Learns quickly with good retention	5 4 3 2 1	
Is a keen and alert observer	5 4 3 2 1	
Applies concepts to new materials	5 4 3 2 1	
Quickly recognizes and understands conceptual relationships	5 4 3 2 1	
Seeks intellectual challenges	5 4 3 2 1	
Is sensitive to clock and calendar deadlines	5 4 3 2 1	
Works well in group settings	5 4 3 2 1	
Demonstrates ability to concentrate	5 4 3 2 1	
Demonstrates strong skills in:		
Mathematical computation	5 4 3 2 1	
Content appropriate reading comprehension	5 4 3 2 1	
Content appropriate written expression	5 4 3 2 1	
Content appropriate critical thinking	5 4 3 2 1	
Content appropriate problem solving	5 4 3 2 1	
Demonstrates initiative and intellectual curiosity	5 4 3 2 1	
Is a self-starter and can work independently	5 4 3 2 1	
Can see past immediate rewards to long-range goals	5 4 3 2 1	
Generates a large number of ideas or solutions to problems	5 4 3 2 1	
Is a high academic risk-taker	5 4 3 2 1	
Demonstrates an interest in Mathematics	5 4 3 2 1	
TOTAL		

MCPS teachers should complete and return this recommendation form to the counseling office in the applicant's school. If the recommendation is from a teacher outside MCPS, please mail these forms to the appropriate magnet program.

Montgomery Blair HS 51 University Blvd., East Silver Spring, MD 20901 Attn.: Magnet Coordinator	Richard Montgomery HS 250 Richard Montgomery Dr. Rockville, MD 20852 Attn.: IB Coordinator	Poolesville HS 17501 West Willard Rd. Poolesville, MD 20837 Attn.: Magnet Coordinator
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Person completing form _____
Telephone number

School name _____
Grade level

Course title

Teacher signature _____
Date

Student Name _____ Student ID# _____ Person completing form _____

D. Additional comments are extremely important: (continued)

Teacher Signature ____/____/____
Date