



TEACHER RECOMMENDATION – MATHEMATICS

Student Information

Student's name _____

Female Male Date of birth _____ Grade _____

Important Information

For parents or guardians: The information contained on this recommendation will be used in evaluating your child for admission to Rainard. All remarks are confidential and will not be shared with you. With the submission of this form, you acknowledge that you understand and agree this information will not be available for anyone outside of the Rainard Admissions Team, and you are waiving any right that you may have to review it.

For teachers: This student is applying for admission to Rainard. Your honest feedback will be used in evaluation of the student by our admissions team. Please be candid. Your remarks are confidential and will not be shared with parents or guardians. This recommendation is required for the student's application file. Please return this form to the admissions team at Rainard at your earliest convenience. Thank you.

Send the completed form to:

By email: admissions@rainard.org By fax: 713-365-0372 By mail: 11059 Timberline Road, Houston, Texas 77043

Academic Skills

<i>Check appropriate rating for each skill.</i>	Strength	Age Appropriate	Progressing	Concern
Listens and follows teachers directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in group discussion/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseveres in spite of difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoys new and different challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stays on task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes work in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments, if any _____

FOR OFFICE USE ONLY:

Date rec'd _____ Contacted _____ Notes _____



Student's name _____

Logic Skills

Check appropriate rating for each skill.

	Strength	Age Appropriate	Progressing	Concern
Awareness of quantitative information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks logically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visualizes patterns and relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates reverse reasoning skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates math concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfers learning to novel situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asks probing mathematical questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments, if any _____

Social Skills

Check appropriate rating for each skill.

	Strength	Age Appropriate	Progressing	Concern
Makes friends easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is comfortable in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respectful of property (personal & others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts responsibility for actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates self control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is cooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes responsibility for belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments, if any _____

Descriptive Characteristics *Check all that apply.*

- Aggressive Easily discouraged Immature Oppositional Shy
- Anxious Flexible Irritable Over-protected Self-reliant
- Cheerful Follower Impulsive Perfectionist Spirited
- Confident Helpful Manipulative Positive leader Well-liked
- Disobedient Honest Negative leader Self-disciplined Witty



Student's name _____

Additional Information

Describe any notable social or emotional strengths or weaknesses. What steps, if any, have been taken to address the areas of concern?

Is student habitually tardy or absent? Yes No If yes, please explain.

Is there anything regarding the family that would be helpful for our admissions team to know?

Teacher's Signature

Teacher's signature _____ Date _____

Teacher's full name _____ Phone _____

School name _____

School address _____

I would be willing to discuss this student by telephone.