



**STUDENT** Please type or print your name in the space below and then give this form to your current math teacher with a stamped envelope.

**TEACHER** Please return by January 15 to: 537 HIGHLAND STREET, SOUTH HAMILTON, MASSACHUSETTS 01982-1399 or scan and email to [applicationmaterials@pingree.org](mailto:applicationmaterials@pingree.org). This recommendation will remain confidential and will not become part of the student's permanent record. When you have completed it, please photocopy it and send it to Pingree School in the stamped envelope provided by the student. Thank you for your cooperation and candor.

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NAME OF STUDENT

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NAME OF TEACHER

SCHOOL

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SCHOOL ADDRESS

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EMAIL ADDRESS

DAYTIME PHONE

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HOW LONG HAVE YOU KNOWN THE STUDENT?

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WHAT ARE THE FIRST 3 WORDS THAT COME TO MIND WHEN YOU THINK OF THIS STUDENT?

Please list the courses you have taught this student and the level of course difficulty (accelerated, honors, regular, etc.), beginning with the most recent.

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LIST TEXT(S) USED IN THIS COURSE AND THE CHAPTERS YOU EXPECT TO COVER BY THE END OF THE YEAR

What is the one thing this student should focus on to continue developing as a student of mathematics?

Do you feel that the student's perception of their own ability and progress in mathematics is in line with your own?

	TOP FEW EVER	TOP 10% THIS YEAR	MIDDLE 1/3 THIS YEAR	BOTTOM 1/3 THIS YEAR	REQUIRES SIGNIFICANT SUPPORT
The student's level of comfort taking intellectual risks without step by step instructions					
The student's level of persistence when working independently					
The student's appreciation for working collaboratively with peers					
The student's confidence when completing word problems					

Any narrative feedback you can provide for the above is greatly appreciated.

TEACHER SIGNATURE

DAYTIME PHONE

Thank you for taking the time to complete this evaluation.