THE Steppingstone ACADEMY

Academy Nine
6th Grade Application for Admission

Math Teacher Recommendation Form

Due: January 5, 2010

Part I: To be completed by Applicant and Parent/Guardian

Please print your name and school information below and give this form with the pre-addressed envelope to your current Math teacher. Your teacher will send this form directly to Steppingstone.

Student's Full Name:_____

Current School: _____ **Current Grade:**_____

Parent/Guardian Consent for Release of Academic Records:
I hereby give permission for The Steppingstone Foundation and its representatives to request and obtain the academic records and school report for my child.

Parent/Guardian Signature: _____ Date: _____

To the Teacher: The student named above is a candidate for admission to Academy Nine, an out-of-school-time program that prepares students for enrollment in and success at college-preparatory independent and public exam schools. A strong candidate is a motivated and talented sixth grader whose family is committed to actively supporting their student's education and demonstrates a need for our services. We consider the academic and personal qualities of each student in our admission process.

Your recommendation is vital to our process. We appreciate your candid and thoughtful responses and thank you for your time. Additional pages may be attached, if necessary. This recommendation as well as any information received by Academy Nine in connection with the student's application will be strictly confidential and will not be disclosed to the applicant, to the applicant's family members, or any other person unaffiliated with The Steppingstone Foundation.

Please mail this form by January 5, 2010 to Academy Nine – Admission, The Steppingstone Foundation, 155 Federal Street - Suite 800, Boston, MA 02110. Questions should be directed to Devonda Witherspoon at 617-423-6300, ext. 280 or dwitherspoon@tsf.org.

1. How long have you known the applicant and in what capacities?

2. What contact have you had with this student's parent(s) or guardian(s)? How is the family involved in their child's education?

3. What are the first words that come to mind to describe this student?

4. In what type of learning environment does this student perform best? What type of learning environment is challenging for this student?

5. Do you feel that this student is working to his or her full potential in your class? Please explain.

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6. Steppingstone is a challenging program in which students receive extra work outside of school. How do you think this student would respond to an increased workload and exposure to difficult concepts and challenges?

7. In relation to other students in your classroom, please rate the candidate by checking the appropriate boxes:

	Outstanding	Very Good	Good	Average	Needs Improvement
a. Academic Achievement	❑	❑	❑	❑	❑
b. Academic Potential	❑	❑	❑	❑	❑
c. Intellectual Curiosity	❑	❑	❑	❑	❑
d. Class Preparation/Homework	❑	❑	❑	❑	❑
e. Classroom Participation	❑	❑	❑	❑	❑
f. Effort/Motivation	❑	❑	❑	❑	❑
g. Conduct/Behavior	❑	❑	❑	❑	❑
h. Maturity	❑	❑	❑	❑	❑
i. Organization	❑	❑	❑	❑	❑
j. Collaborative Classwork	❑	❑	❑	❑	❑
k. Independent Classwork	❑	❑	❑	❑	❑
l. Response to Criticism	❑	❑	❑	❑	❑
m. Ability to Interact with Adults	❑	❑	❑	❑	❑
n. Ability to Interact with Peers	❑	❑	❑	❑	❑

o. If this student is particularly strong or weak in any of these areas, please explain:

8. Please rate the candidate in the following areas by checking the appropriate boxes:

	Above grade level	Consistent with grade level	Below grade level
a. Whole number operations	❑	❑	❑
b. Fraction operations	❑	❑	❑
c. Decimal operations	❑	❑	❑
d. Percents	❑	❑	❑
e. Conversions (fraction/decimal/%)	❑	❑	❑
f. Order of operations	❑	❑	❑
g. Solving equations	❑	❑	❑
h. Pre-algebra manipulations	❑	❑	❑

i. If this student is particularly strong or weak in any of these areas, please explain:

10. Are there any other issues of which we should be aware?

11. Do you support this student's application to our program?

❑ Yes, with enthusiasm ❑ Yes, with reservations* ❑ No, I do not recommend this student*

* Please explain:

Teacher's Full Name: _____ School: _____

Daytime Phone: _____ Email: _____

Signature: _____ Date: _____

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