



Bishop McLaughlin Catholic High School

Current Mathematics Teacher Recommendation Form

To the Parents of the Applicant:

(Complete this section and forward to your child's school.)

Please forward this recommendation form to your child's Math Teacher at their current school. To ensure a candid assessment of your child's performance, we ask you to sign the waiver statement below:

I understand that this recommendation is confidential and I hereby waive any rights I may have to review its contents.

Student Name: _____ Student Signature: _____

Parent Signature: _____ Date: _____

Parent Phone Number: _____ Parent Email: _____

To the Recommender:

The student listed above is seeking admission to Bishop McLaughlin Catholic High School (BMCHS) and your thoughtful and candid evaluation of this student is invaluable to our Admissions Committee. The information you provide will be held in strict confidence.

Please contact the Admissions Office at 727-857-2620 with any questions.

Teacher Name: _____ Course Name: _____

Textbook Used: _____ Length of Time you have Known Student: _____

Has the student experienced any significant discipline problems in your class and if so, please explain: _____

ACADEMIC QUALITIES	EXCELLENT	AVERAGE	BELOW AVERAGE	COMMENTS
Ability to reason abstractly				
Academic performance				
Attitude toward math				
Commitment to homework				
Initiative				
Intellectual curiosity				
Oral expression				
Organizational ability				
Participation in class				
Student habits				
Written expression				

PERSONAL QUALITIES	EXCELLENT	AVERAGE	BELOW AVERAGE	COMMENTS
Ability to work cooperatively				
Creativity				
Honesty/integrity				
Leadership				
Maturity (relative to age)				
Reaction to criticism				
Receptivity to others' ideas				
Relationship with teachers				
Responsibility				
Self-confidence				
Self-discipline				
Sense of humor				
Sensitivity to others' feelings				

I recommend this student for Admission to BMCHS: With Confidence _____ With Reservation _____ I Do Not Recommend _____

Teacher Signature: _____ Date: _____

School: _____ Email: _____

Thank you for your time in providing honest feedback on this student. If you have additional comments, please use the reverse side of this form. Please return this form and any supporting documents to Bishop McLaughlin Catholic School, Attn: Enrollment Director, 13651 Hays Road, Spring Hill, FL 34610. You may also email to khintonscott@bmchs.com, or fax to (727) 857-2610.