



**MATHEMATICS
RECOMMENDATION FORM**

FORMAN SCHOOL
Office of Admission
12 Norfolk Road | P.O. Box 80
Litchfield, CT 06759-0080

Phone: 860.567.1802
Fax: 860.567.3501
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www.formanschool.org

Applicant's name _____ Current grade _____
FIRST MIDDLE LAST

Applicant's address _____
STREET

CITY STATE ZIP CODE COUNTRY

Name of current school _____

The student named above is a candidate for admission to Forman School, an independent boarding and day school for students with diagnosed language-based learning differences. Your recommendation is vital to the application process. We would appreciate your most candid and thoughtful responses.

What adjectives or phrases come to mind when describing this student? Please note strengths and weaknesses.

How does the student interact with his/her peers?

How does the student interact with adults?

Please check the appropriate responses:

- Understanding of concepts..... above average average below average poor
- Homework preparation above average average below average poor
- Attention to detail..... above average average below average poor
- Accuracy of computation..... above average average below average poor

Please evaluate his/her performance in the following areas:

- Whole number arithmetic..... above average average below average poor
- Decimals above average average below average poor
- Integers above average average below average poor
- Positive/Negative numbers..... above average average below average poor
- Fractions..... above average average below average poor

Mathematics Recommendation Form *(continued)*

What mathematics course is the applicant taking this year? _____

What text is being used? _____

What general topics are covered in this course? _____

What is the next course in the sequence? _____

Please comment on the applicant's ability in mathematics. Does he or she have any particular problems in mathematics of which we should be aware?

Do you have any reservations about this student's application to Forman? _____

Please use the space below to make any additional comments that would help the Admission Committee in their deliberations.

Thank you for taking your valuable time to complete this evaluation. The applicant has no access to admission records. The information you have provided is confidential.

Teacher's Information

Name _____ Position _____

How long have you known this applicant? _____

School address _____

Telephone _____ E-mail _____

Please sign this form below and return in a sealed envelope to:

Office of Admission, Forman School, 12 Norfolk Road, P.O. Box 80, Litchfield, CT 06759-0080

Signature _____ Date _____

Forman School is an independent, coeducational college preparatory school serving students with learning differences. Forman School admits students of any race, color, sex, and national or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, nationality, ethnic origin, or any other characteristic protected by federal or state law in administration of its educational policies, admission policies, scholarships, athletic, and other school-administered programs.