



THE HUDSON SCHOOL

601 Park Avenue, Hoboken, NJ 07030 • 201-659-8335 • 201-222-3669 Fax

MATH TEACHER RECOMMENDATION FORM

TO THE STUDENT:

1. Please print your name, address and school below.
2. Address an envelope to ADMISSIONS, The Hudson School, 601 Park Avenue, Hoboken, NJ 07030.
3. Give this form and the stamped, addressed envelope to your mathematics teacher.

STUDENT'S NAME _____

STUDENT'S ADDRESS _____

NAME OF CURRENT SCHOOL _____

TO THE TEACHER: The student named above is a candidate for admission to The Hudson School. The Admission Committee places considerable weight on the academic and personal qualifications of each student. Your recommendation is vital to our process. We would appreciate your most candid and thoughtful responses.

How well do you know the student academically and as a member to your community?

In what years did you teach the student? _____ How large was the class? _____

Is this course part of a tracking system or designated as an honors or accelerated course?

- Yes
- No

Please List textbook used, if applicable _____

What math course is the next appropriate placement for the student? _____

Please check the courses or list others which the student will have completed by the end of the current school year. If your school does not follow this sequence, please attach your curriculum.

- Arithmetic & Elementary Mathematics
- Basic Algebra
- Geometry
- Second Year Algebra
- Calculus: AB or BC (circle one or both)
- Pre-Algebra
- First Year Algebra
- Second Year Algebra (excluding trigonometry)
- Pre-Calculus
- Other: _____

Please place check marks at the point that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught. If you have no fair basis judgement, do not hesitate to say so.

	Advanced for age	Appropriate for age	Needs development	Not at an acceptable level	No basis for judgement
Knowledge of basic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy in use of basic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasoning ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding and appreciate for underlying ideas and concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Advanced for age	Appropriate for age	Needs development	Not at an acceptable level	No basis for judgement
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willing to accept the challenge of the most difficult problems and exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Command of mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to take intellectual risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity (relative to age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the student is relatively weak or strong in any areas listed above, please elaborate.

What are the three words that come to mind to describe this student?

1. _____ 2. _____ 3. _____

Please comment on this student's character, citizenship, and contributions to your community.

Please add any additional information that will give us a complete picture of the student.

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the student's application. You can return this form via email by scanning it and sending it to hfitzpatrick@thehudsonschool.org or sending a hard copy in the pre-addressed envelope provided by the student.

Signature

Date

Title

Print Name

Email address

Phone Number