

**DENVER AREA  
INDEPENDENT SCHOOLS  
FORM FOR APPLICANTS  
GRADES 6-12**

**CONFIDENTIAL RECOMMENDATION**

**Current Mathematics Teacher**

<input type="checkbox"/> Colorado Academy	3800 S. Pierce St.	Denver, CO 80235	303.914.2513	Fax: 303.914.2589
<input type="checkbox"/> Denver Jewish Day School	2450 S. Wabash St.	Denver, CO 80231	303.369.0663	Fax: 303.369.0664
<input type="checkbox"/> Foothills Academy	4725 Miller St.	Wheat Ridge, CO 80033	303.431.0920	Fax: 303.431.9505
<input type="checkbox"/> Graland Country Day School	30 Birch St.	Denver, CO 80220	303.399.8361	Fax: 303.388.2803
<input type="checkbox"/> Kent Denver School	4000 E. Quincy Ave.	Englewood, CO 80113	303.770.7660	Fax: 303.770.1398
<input type="checkbox"/> St. Anne's Episcopal School	2701 S. York St.	Denver, CO 80210	303.756.9481	Fax: 303.756.5512
<input type="checkbox"/> St. Mary's Academy	4545 S. University Blvd.	Englewood, CO 80110	303.762.8300	Fax: 303.783.6201
<input type="checkbox"/> Stanley British Primary School	350 Quebec St.	Denver, CO 80230	303.360.0803	Fax: 303.360.0353

*Please check the schools to which you are applying.*

**To the Applicant:** Please type or print your name and give this form to your current school's office with a stamped envelope for each of the schools above to which you are applying.

Applicant Name \_\_\_\_\_ Applying to Grade \_\_\_\_\_

Name of Current School \_\_\_\_\_

**To the Parent:** *Please read and sign the statement below.*

For the student named above, I authorize the release of school records, including an official transcript of all grades for the past two years as well as the results of academic testing. I acknowledge that I waive my right to read the confidential teacher recommendations and the school report.

Signature of Applicant's Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**To the Teacher:** All of the above schools share a commitment to a rigorous curriculum in a supportive atmosphere. These schools seek a student body representative of the diverse population of the Greater Denver area. All the schools offer tuition assistance programs based on need. With this background in mind, please complete the form below which will be accepted by any of the schools above. **This information will only be reviewed by each school's admission committee. It will not be shared with the student's parents, and will not become part of the student's permanent record.** Thank you for your cooperation and candor.

<b>Academic Qualities</b>	<b>NO OPPORTUNITY TO OBSERVE</b>	<b>POOR</b>	<b>FAIR</b>	<b>AVERAGE</b>	<b>GOOD</b>	<b>EXCELLENT</b>	<b>EXCEPTIONAL</b>
Study habits							
Attention span							
Ability to work Independently							
Ability to organize and communicate ideas							
Motivation							
Intellectual curiosity							
Critical and abstract thinking skills							
Classroom participation							
<b>Personal Qualities</b>	<b>NO OPPORTUNITY TO OBSERVE</b>	<b>POOR</b>	<b>FAIR</b>	<b>AVERAGE</b>	<b>GOOD</b>	<b>EXCELLENT</b>	<b>EXCEPTIONAL</b>
Relationship with peers							
Relationship with adults							
Creativity							
Self-confidence							
Leadership potential							
Reaction to setbacks							
Concern for others							
Conduct							
Integrity							
Ability to act independently							
Ability to work cooperatively							
General level of maturity							
Sense of humor							

# CURRENT MATHEMATICS TEACHER RECOMMENDATION FORM

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1. This student is enrolled in:  Arithmetic  Pre-Algebra  Algebra I  Geometry  Algebra II  Other: \_\_\_\_\_  
Section level of course:  Remedial  Regular  Advanced  Mixed-ability  
Textbook: \_\_\_\_\_ Number of students in class: \_\_\_\_\_  
Suggested Math placement for next year: \_\_\_\_\_

2. Please compare this student's academic achievement to his/her ability.

3. Please describe this student in math. (Consider ability to retain mathematical relationships and principles, drawing generalizations, applying basic principles in word problems, and relying on memory versus conceptual process.)

4. Comment on the student as a person. (Consider maturity, integrity, behavior, relationship with peers, self-confidence, etc.)

5. What has your experience been in working with this student's family?

6. Is there any additional information that can be better conveyed in a phone conversation?  
 Yes  No  If necessary, hours and phone number where you can be reached: \_\_\_\_\_

\_\_\_\_\_  
Name Position  
\_\_\_\_\_  
School School phone  
\_\_\_\_\_  
School Address  
\_\_\_\_\_  
Signature Date

**Please feel free to photocopy your completed recommendation, and then fill out the School Specific Information below for each school to which you are sending a form.**

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## School Specific Information

I recommend this student for admission to:

- Colorado Academy  Foothills Academy  Graland Country Day School  Kent Denver School  
 St. Anne's Episcopal School  St. Mary's Academy  Stanley British Primary School  
 Denver Jewish Day School

I am familiar with this school's program:  Not at all  Somewhat  Fairly  Very familiar

I RECOMMEND THIS STUDENT	NOT AT ALL	WITH RESERVATION	MILDLY	WITH CONFIDENCE	ENTHUSIASTICALLY
Academic ability and promise					
Character and personal promise					
Overall					

*Please make any additional comments on this student's appropriateness for the school named above. Please feel free to attach an additional sheet if necessary.*