



A S H L E Y H A L L  
FOUNDED 1909

## Mathematics Teacher Recommendation

*For students applying to grades 6 - 12*

Student's Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**To Parents:**

This confidential assessment form is to be completed by your daughter's current or most recent classroom teacher. The Admission Committee cannot make a decision until this form has been received directly from the teacher. The information provided is held in the strictest confidence and will be used solely for the admission process. It will not become part of the student's permanent record.

I/We authorize the release of my/our daughter's recommendation as requested by the Admission Office at Ashley Hall. I/We will not seek access to confidential recommendation and evaluation materials before, during or after the admission decision is made.

Signature of Parent/Legal Guardian

\_\_\_\_\_ Date \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Class Size \_\_\_\_\_

Known Student Since \_\_\_\_\_ Course(s) Taught \_\_\_\_\_  
M / Year

School \_\_\_\_\_ School Phone \_\_\_\_\_

	Below Average	Average	Good	Excellent	Truly Outstanding
Academic potential					
Academic achievement					
Self-motivation					
Effort					
Study habits					
Intellectual curiosity					
Ability to work in group					
Ability to work independently					
Participation in class discussions					
Follows directions					
Ability to sustain attention to task					
Honesty / Integrity					
Leadership skills					
Peer relations					
Parent Cooperation					
Computational skills					
Ability to grasp abstract concepts					

Please elaborate on any answers marked "below average" or "truly outstanding."

Please provide your assessment regarding the applicant's prospects for success in an accelerated learning environment.

Please comment on the applicant's proficiency with abstract concepts and problem-solving.

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

Would you like a call from a member of our Admission Committee? No _____ If needed _____ Yes* _____ *Preferred contact number _____
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Signature \_\_\_\_\_ Date \_\_\_\_\_

Course Title \_\_\_\_\_  General  College Prep  Honors  AP

Course Textbook \_\_\_\_\_

**Thank you for completing this evaluation! Please return this form directly to [admission@ashleyhall.org](mailto:admission@ashleyhall.org)**

**OR**

**Ashley Hall Admission Office  
172 Rutledge Ave  
Charleston, SC 29403**

**If you have any questions, please feel free to contact us at (843) 965-8501 or [admission@ashleyhall.org](mailto:admission@ashleyhall.org).**