

MATH TEACHER REFERENCE
GRADES SEVEN AND EIGHTH

14917 9th Avenue Court East, Tacoma, WA 98445 * (253) 535-2522 * E-mail imagination@frugal.com

To the parent: Please read and sign the statement below.

_____ is an applicant to grade _____ at Imagination School of Education. I acknowledge that I waive my right to read the confidential Teacher and School References for the above named student.

Signature of the Applicant's Parent or Guardian: _____ Date: _____

To the Teacher: The student above has applied for admission to our school. Our goal is to help each family in their search for the school that will be the right fit for their child. The Admissions Committee would greatly appreciate your comments on this student in the following areas. Please give specific illustrations whenever possible. *Please return this form as soon as possible to Imagination School of Education Admissions Director, 14917 9th Avenue Court East, Tacoma, WA 98445.* On behalf of this student, we thank you for your time and insights.

	Excellent	Good	Average	Fair	Poor	Comments
Academic Qualities						
Study habits						
Attention span						
Follows directions						
Ability to work independently						
Ability to work in a group						
Ability to participate in discussions						
Ability to organize ideas						
Ability to communicate ideas						
Critical and abstract thinking skills						
Intellectual curiosity						
Self motivation						
Personal Qualities						
Integrity						
Conduct						
Creativity						
Self-confidence						
Independence						
Consideration of others						
Leadership potential						
Reaction to criticism						
Reaction to setbacks						
Level of maturity						
Sense of humor						

