



Bradenton Christian School

3304 43rd St W • Bradenton, FL 34209

(941) 792-5454 Ext. 150 • admissions@bcspanthers.org • Fax (941) 795-7190

MATH TEACHER REFERENCE

(Incoming Grades 4-12) (Confidential Information)

Student Name _____ Applying for Grade _____ Date _____

The above-mentioned student has applied for admission to Bradenton Christian School and as their previous or current math instructor, we request your input concerning this student's academic ability and motivation. Thank you in advance for sharing your thoughts which will be held in strictest confidence.

Parent/Guardian Consent: Please complete this form and return to the Admissions Office at BCS.

Signature of Parent/Guardian _____ Date _____

In each category below, please check the box which best describes the above-mentioned student.

Personal Characteristics	Exemplary	Above Average	Average	Below Average	No Basis for Evaluation
Integrity					
Shows Consideration of Others					
Exhibits Self-Confidence					
Shows Leadership Ability					
Displays Emotional Maturity					
Practices Self Control (Conduct)					

Academic Characteristics	Exemplary	Above Average	Average	Below Average	No Basis for Evaluation
Exhibits Academic Ability / Achievement					
Practices Good Study Habits					
Shows Ability to Work Independently					
Displays Good Use of Time					
Follows Direction					
Oral Expression					
Use of Time					
Submits Work In On Time					
Written Expression					
Reading Ability					
Intellectual Curiosity					
Motivation					
Class Participation					
Parents/Guardian are Cooperative					



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MATH TEACHER REFERENCE (Continued)

Student Name _____ Applying for Grade _____ Date _____

Please give a brief explanation to any Below Average responses or any other areas of concern including strengths, weaknesses, health or any special needs or concerns for this student and family:

How are students chosen for advanced classes at your school? _____

To your knowledge, has the applicant ever been disciplined or suspended from school? If so, please explain. _____

What is the student's performance level within the requirements of the course?

☐ Above Level

☐ On Level

☐ Below Level

Additional Comments:

Please *print* your name _____ Signature _____

Position _____ Date _____

School _____

School Phone _____

Thank you for taking time to complete this evaluation.