

## **APPLICATION FOR ADMISSION**

## **Garden School**

c/o Admissions Office 33-16 79th Street Jackson Heights, NY 11372

(718) 335-6363 admissions@gardenschool.org www.gardenschool.org

## MATHEMATICS TEACHER RECOMMENDATION

THERE IS NO NEED FOR THE STUDENT AND PARENT	TO SIGN THIS FORM IF YOU ARE EMAILING THE RECOMMENDATION							
<b>Student:</b> Please type or print your name in the sp Head or Counselor with a stamped addressed enve	pace below and then give this form to your current Principal, elope.							
Name of Student	Applicant for grade							
SIGNATURE OF STUDENT	DATE							
	my right to read the confidential teacher recommendation and the have grade reports, attendance records, standardized test d to Garden School.)							
Name of Parent/Guardian								
SIGNATURE OF PARENT/GUARDIAN	DATE							
	Title							
~ 1								
What are the first three words that come to mind to	describe this student?							
COURSE DESCRIPTION								
Title	How often does the class meet?							
Is this course sectioned according to ability? $\Box$ Ye	es □ No							
If yes, please briefly explain how this course is sect	ioned and the student's placement							
By June we will have completedof								
Has this student participated in extra-curricular ma	ath or math-related activities? Please describe:							

☐ Geometry Commen	ebra I Comment:ebra II Comment:			□ Calculus		Comment:Comment:					
What would be the nex	t course recomm	ended for tl	nis stud	lent?							_
For each line, please se	elect the word tha	t most accu	rately	describes th	ne st	udent.					
1. Math comes easily		Always	I	Jsually		Sometimes	<sub>s</sub> $\square$	Never			
2. Must work hard for su	ust work hard for success $\Box$ Al		□ 1	Usually $\Box$		Sometimes	, 🗆	Never			
. Needs out-of-class help to succeed		Always	□ 1	Usually		Sometimes	<sub>s</sub> 🗆	Never			
4. Completes homework	Completes homework		I	Usually $\Box$		Sometimes		Never			
5. Overall math ability	Overall math ability		Abov	ve average		Average		Below av	verage	_ ·	Weak
Please circle all charac or style.	teristics that cou	ld be especi	ally im	portant to t	this s	tudent's id	eal m	ath learni	ing envi	ronm	ent
Challenging	Basic	Independen		Reiterati		ng Stimula		lating Gentle		tle	
Simplified	Complex	Struct	ıred	Adva	anced	ed Personalize		lized	d Competitive		
Slow-paced	Fast-paced	Demanding		Forg	Forgiving		Abstract		Rot	Rote	
Other:											
Please circle all charac	teristics that des	cribe this st	udent v	with regard	s to	classroom	attitu	de.			
Independent	Indifferent	E	ager	R	Resigned		Interested		Impatient		.t
Resistant	Resourceful	Frus	Frustrated		Conscientious		Uncooperative		Confident		t
Hardworking	Erratic	Am	bitious	Su	Superficia		cial Consistent		Inquisitive		
Other:											
Please provide any add	litional informat	ion that will	give u	s a more co	mple	ete picture	of the	student.			
											_
If we have additional	questions, may v	ve contact y	ou?		Yes	□ No					
If yes, phone number	Incur	E AREA CODE)		E-mail	add	ress					
	(INCLUD	E AREA CODE)									
PRINCIPAL HEAD OR COUN	ISELOR SIGNATURE							DAT	E		

Again, thank you for your time and the helpful information you have provided.

Please return this form to: Garden School, c/o Admissions Office

Garden School adheres to a longstanding policy of admitting students of any race, color, creed, religion, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of gender, race, color, creed, religion, national and ethnic origin in administration of its educational policies, admissions policies and other school-administered programs.