



Math Evaluation - Grade 6-12

Applicant's Name _____ Grade _____

To the Applicant:

Please give this form to your classroom teacher. Your teacher will mail this form directly to the school.

I request that this evaluation form be sent to Carlisle School with the understanding that it will be used for admission purposes. I understand that I may not read this evaluation and agree that I will not seek to do so, either while my child is enrolled at Carlisle School or subsequently.

Parent Signature _____ Date _____

To the Teacher:

The student named above is a candidate for admission to Carlisle School. Thank you for your time and help in completing the following evaluation. Your insights will be helpful in choosing from among a pool of highly qualified candidates. If you would prefer to write your own evaluation of the applicant's skills, describing his/her academic and personal qualities, please attach it to this form.

Course Title _____ Textbook Used _____

Topics covered in course _____

By the end of this academic year, the student will have completed:

- | | |
|---|---|
| <input type="checkbox"/> Arithmetic course with very little algebra
<input type="checkbox"/> Arithmetic course with approximately half year algebra
<input type="checkbox"/> A full year beginning algebra course
<input type="checkbox"/> including quadratics solved by factoring
<input type="checkbox"/> including quadratics solved by the formula | <input type="checkbox"/> A full-year plane geometry course
<input type="checkbox"/> including logarithms and exponential functions
<input type="checkbox"/> including trigonometry
<input type="checkbox"/> Other, please specify _____
_____ |
|---|---|

The student does not score 100% on exams because:

- | | |
|---|---|
| <input type="checkbox"/> Not enough time
<input type="checkbox"/> Calculation mistakes
<input type="checkbox"/> Incorrect methods | <input type="checkbox"/> Physical/mental distractions
<input type="checkbox"/> Inadequate test preparation
<input type="checkbox"/> Inadequate homework preparation |
|---|---|

Please evaluate the applicant in the following areas:

Math Development

	Below Grade Level	At Grade Level	Above Grade Level
● Mastery of course material			
● Problem solving ability			
● Ability to grasp new mathematical concepts			

Academic and Personal Qualities

	Outstanding	Good	Average	Poor	Comments
● Organization of time and work					
● Ability to work in a group					
● Ability to work alone					
● Academic ability					
● Attention span					
● Conduct					
● Leadership					
● Sense of humor					
● Consideration for others					
● Maturity for age/grade					
● Trustworthiness					
● Relationship with peers					
● Relationship with adults					
● Ability to seek help when needed					
● Ability to use suggestions or corrections					
● Attitude of parents	cooperative	indifferent	overly involved	antagonistic	

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

What do you perceive as being the student's greatest strength in mathematics?

What do you perceive as being the student's greatest difficulty in mathematics?

If applicable, please list additional subjects/courses you have taught the applicant and the level of course difficulty.

Do you have any additional information which may be helpful in our evaluation of this student?

I have known this applicant for _____ months and/or _____ years.

Would you welcome a call from Carlisle School? Yes No

If so, what number do you prefer we use? _____ What is the best time of day to reach you? _____

This form was completed by _____ Date _____

Signature _____ Title _____

School Name _____ School Phone _____

School Address _____

Thank you for your assistance in the evaluation of this applicant. Please mail or fax this form directly to the Admissions Office.

Admissions Office

PO Box 5388

Martinsville, VA 24115

276.632.7288

Fax: 276.632.9545

www.carliseschool.org

Martinsville Campus

300 Carlisle Road

Axton, VA 24054

Phone: 276.632.7288

Fax: 276.632.9545

Danville Campus

825 Piney Forest Road

Danville, VA 24541

Phone: 434.799.1750

Fax: 434.799.1751