Summer Mathematics Institute  
2020 Teacher Recommendation Form

To the student: Please check ONE of the boxes below and then sign and date before asking your math teacher to complete this form. A parent must also sign.

☐ I waive the right to see this evaluation form after it is completed.

OR

☐ I reserve the right to see this evaluation form after it is completed.

Student’s name: ___________________________  Date: __________________

____________________________________________________________________

Student’s signature  Parent’s/Guardian’s signature

Dear Teacher,
The student who gave you this recommendation form is applying to an accelerated summer mathematics program sponsored by the Texas Academy of Mathematics and Science at the University of North Texas. The Summer Mathematics Institute (SMI) is a fast-paced, three-week residential program. It is for mathematically talented middle and high school students. Participants enroll in a single class and may complete the content of one year of high school mathematics. Participants may enroll in Algebra I, Algebra II, Geometry, or Precalculus. Classes meet daily Monday through Friday and on Saturday mornings. Students participate in evening study/help sessions. The teachers are certified public high school teachers. In addition, each class is assigned one teaching assistant who is a mathematically talented student from the Texas Academy of Mathematics and Science. Each class is limited to 10-12 students. SMI provides on-going assessment of individual students and matches instruction and practice to the student’s needs. Individual, small-group, and large-group instruction is used. Your assistance will help us discern the applicant’s readiness for our program. Please complete this form and **email it to TAMS.SMI@unt.edu**. Qualified applicants will be accepted into the program until all spaces are filled.

How long have you known the applicant? In which math class have you taught the applicant?

Describe the student’s self-motivation and self-direction in mathematics.

Considering the student’s maturity level, level of self-responsibility, and his or her work ethic, do you believe this student will benefit from a challenging academic program where good study habits are essential for success?

How does this student’s math skills and work habits compare to other mathematics students you have taught this year or in the past?

What are his/her strengths and weaknesses?
Please check the set of words that best describe the SMI applicant

Self-motivation

___ Always is responsible
___ Usually is responsible about working and turning in assignments
___ Generally is reliable but needs parent or teacher help to start and finish assignments
___ Requires much attention from the teacher or parent to finish or hand in work

Work Habits

___ Works independently for long periods of time
___ Occasionally works independently for long periods of time
___ Works independently but tends to become easily distracted
___ Needs to be monitored to stay on task

Math Ability

___ Possesses an extremely high level of math aptitude
___ Possesses an above average level of math aptitude
___ Possesses an average level of math aptitude
___ Possesses a below average level of math aptitude

Recommendation

___ I highly recommend this student to SMI
___ I recommend this student to SMI
___ I recommend this student with some reservations to SMI
___ I cannot recommend this student to SMI

If you are unable to recommend this student or have reservations, please explain.

___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

I recommend this student for (circle one):   Algebra I       Algebra II        Geometry             Precalculus

Date:  
___________________________________________________________________________________________________

Teacher’s signature  
Printed name

School name

City, State, Zip  
School phone

Please email a copy of this evaluation to TAMS.SMI@unt.edu. If you have questions, please contact Sam Earls at samuel.earls@unt.edu