## **IMPACT MENTORING ACADEMY**



## **Math Teacher Review**

matir 10t				MENTORING ACADEMY
		Applicant		
envelope ad		e below and then give this form Academy's PO Box. This form		
Full Name:				
Signature:	First	Middle	LastDate:	Suffix
		Parent/Guardian		
Please read	d and sign the statement be	elow.		
	Name of parent/guardian) the application process to IMA.	acknowledge that I waive n	ny right to read this confidential	teacher review
Signature:			Date:	
		Teacher		
of Educatior unique poter	n in Bermuda. It is a "charter so	as applied for admission to IMA hool" type operations poised to I learning experience. This expeve community citizenship.	empower teenaged males to di	scover and develop their
program. Th review direc	is review will remain confidenti	nissions Committee evaluate the al and will not become a part of ow or scan and send an email a	the student's permanent record	d. Please return your
Course Nar	me			
How often of	does this class meet?		<u> </u>	
What text(s	) are used?		_	
How long a	and in what capacity have yo	ou known the applicant?		
What are th	ne first three words that com	ne to mind when describing the	ne applicant?	
1)		2)	3)	

23 Old Berkeley Rd, Pembroke HM 02, Bermuda | PO BOX FL633, Flatts FLBX | (441) 747-4621 | admissions@imabda.bm

What do you consider to be the applicant's greatest strengths?

What do you consider to be the applicant's greatest needs?					
Please comment on the applicant's academic skills (reading & comprehension, oral & written expression, abstract thinking, reading interest etc.).					
Please comment on the applicant's academic skills (reading & comprehension, oral & written expression, abstract thinking, reading interest etc.).					
Please comment on the applicant's character and personality (integrity, responsibility, maturity, self-confidence/esteem, sense of humor, respect etc.).					
Please comment on the applicant's ability to relate to others (adults, family, peers).					
Please comment on any circumstances which affect the applicant's ability to function well within school.					
If we gave additional questions, may we call or email you?YesNo					
If "yes" please submit your contact information: Phone Email					
Teacher Signature: Date:					