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| **IMPACT MENTORING ACADEMY (IMA)** |

# Math Teacher Review

## Applicant Information

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| Please type or print your name in the space below and then give this form to your Math Teacher along with a stamped envelope addressed to IMPACT Mentoring Academy’s PO Box 633, Flatts FLBX. This form can also be scanned back to IMPACT by the administrator using the following email address: admissions@imabda.bm. |
| Applicant: |  |  |  |  |
|  | First | Middle | Last | Date |

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| --- | --- | --- | --- | --- | --- |
| Signature |  | Current Year Group: |  |  Age: |  |
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## Parent / Guardian

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| I, |  | *acknowledge that I waive my right to read this confidential teacher review*  |
|  | *(name of parent/guardian)* | *As part of the application process to IMA.* |

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| Signature: |  | Date: |  |

 Parent / Guardian of Applicant

## Administrator / Counselor

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| The student whose name appears above has applied for admission to IMA. IMA is a registered private school with the Department of Education in Bermuda. It is a “charter school” type operations poised to empower teenaged males to discover and develop their unique potential through a transformational learning experience. This experience is designed to lead to their successful graduation, college and/or career placement and positive community citizenship.Your candid observations will help the Admissions Committee evaluate the readiness/appropriateness of the applicant for this program. This review will remain confidential and will not become a part of the student’s permanent record. Please return your review directly to the academy address below or scan and send an email attachment to admissions@imabda.bm. Thank you for your assistance in this enrollment process. |
| How long an in what capacity have you known the applicant?  |  |
| Please note the following as it relates to the subject you have taught the applicant: |
| 1 |  | 2 |  | 3 |  |
| (Course name) |  (No. of times the class met weekly) | Text book(s) used |
| What do you consider to be the applicant’s greatest strengths?  |
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| What do you consider to be the applicant’s greatest weakness? |
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| What would you consider to be the applicant’s greatest need?  |
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| Please comment on the applicant’s academic skills (mastery of math facts, abstract thinking & problem solving, computational accuracy & speed, etc.).  |
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| Please comment on the applicant’s character and personality (integrity, responsibility, maturity, self-confidence/esteem, sense of humor, respect etc.). |
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| Please comment on the applicant’s ability to relate to others (adults, family, peers). |
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| Please comment on any circumstances which affect the applicant’s ability to function well within school and any other information we should be aware of. . |
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| Please prove a contact number and email should we need to contact you for any additional questions or inquires: | Tel: |  |
|  | Email: |  |
| **Teacher’s Signature:** |  | **Date:** |  |
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23 Berkeley Rd, Pembroke HM 09, Bermuda **I** PO Box FL 633, Flatts FLBX **I** (441) 747-4621 **I** admissions@imabda.bm |