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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](mailto:admissions@imabda.bm). | | | | | | | |
| Applicant: |  |  | |  |  | | |
|  | First | Middle | Last | | Date |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signature |  | Current Year Group: |  | Age: |  |
|  | | | | | |

## 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:** | | | |  | |
| |  | | --- | |  |   23 Berkeley Rd, Pembroke HM 09, Bermuda **I** PO Box FL 633, Flatts FLBX **I** (441) 747-4621 **I** [admissions@imabda.bm](mailto:admissions@imabda.bm) | | | | | | | | | | | | |