



# Bishop Foley Catholic High School

## International Student MATHEMATICS ASSESSMENT FORM

STUDENT NAME AS SHOWN ON PASSPORT \_\_\_\_\_  
 Last Name (family name) First Name (given name) Middle Name

STUDENT PREFERRED NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

**Applicant: The remaining information must be completed by a teacher at your current school. Please give your teacher the application deadline.**

### TO THE MATHEMATICS TEACHER

Please complete and sign this Mathematics Assessment Form. Information you provide will be kept confidential and will not become part of the student's school record. Your signature confirms you completed the form and provided accurate information to the best of your ability. If you have questions, contact the Admissions Director, Trevor Tyle, at 248.658.2038 or [tyle@bishopfoley.org](mailto:tyle@bishopfoley.org).

TEACHER NAME \_\_\_\_\_ SUBJECT/GRADE YOU TEACH \_\_\_\_\_

SCHOOL \_\_\_\_\_ COUNTRY \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE APPLICANT \_\_\_\_\_ IN WHAT CAPACITY \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

CANNOT JUDGE	AREA OF ASSESSMENT	MASTERED	SOME EXPERIENCE	NO EXPERIENCE	COMMENTS
	<b>Basic Computation</b> with fractions, decimals and negative numbers				
	<b>Evaluating</b> expressions following the order of operations				
	exponents and radicals				
	areas and perimeters of polygons and circles				
	volumes and surface areas of solids				
	<b>Solving</b> linear equations				
	linear inequalities				
	systems of linear equations				
	quadratic equations				
	rational equations				
	trigonometric equations				
	<b>Proving</b> congruent or similar polygons				
	<b>Applying</b> Pythagorean Theorem				
	<b>Graphing</b> linear functions				
	quadratic equations				
	<b>Trigonometry</b> functions (sine, cosine, tangent)				
	reciprocal functions				
	<b>Other higher level mathematics</b> (please specify)				