

# CONFIDENTIAL TEACHER RECOMMENDATION FORM

THE FOLLOWING PORTION TO BE COMPLETED BY THE STUDENT'S PARENT:

Name of Student \_\_\_\_\_ Applying for grade \_\_\_\_\_

My son/daughter is applying for admission to Russell Christian Academy. Please complete the following and return directly to Russell Christian Academy. I hereby authorize the release of my child's records and evaluative data to Russell Christian Academy. I understand that this completed form will not be available to students, parents or guardians.

Date \_\_\_\_\_ Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Phone \_\_\_\_\_

*Return to: Russell Christian Academy, Admissions Office, 1444D Hwy. 11 & 80, Meridian, MS 39301*

**TEACHER:** As a current teacher, please evaluate the candidate based on your direct knowledge of him or her. Keep in mind that the student should be evaluated according to others of the same chronological age. The members of the Admissions Committee thank you for your interest, cooperation, and honesty. Your comments will be held in strict confidence. This student's application cannot be processed until the Admissions Office receives this form.

If additional space is required for any question, please continue on an additional sheer. Also enclose with this evaluation form any check lists or reports that you may use with your students.

Ability to work in a group:

- Has great difficulty
- Sometimes has difficulty
- Usually effective
- Always works well

- Relates poorly
- Establishes relationships but has problems
- Healthy relationships

Ability to stay on task and work independently:

- Needs frequent refocusing
- Needs help frequently
- Needs help occasionally
- Always works well on own

Response to a conflict situation:

- Gives up
- Cries
- Fights
- Tries to resolve with peer
- Seeks teacher's help

Fulfills responsibilities:

- Rarely
- Sometimes
- Usually
- Always

Classroom conduct:

- Frequent disruptions
- Occasional disruptions
- Usually good behavior
- Excellent behavior

Response to a new social situation:

- Withdraws to watch
- Participates with strain
- Participates with ease
- Tends to dominate others
- Disrupts activity

Consideration of others:

- Rarely considerate
- Usually considerate
- Considerate
- Extremely considerate

Social adjustment with peers:



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*Continued*

Student: \_\_\_\_\_

What do you feel are the student's academic strengths and weaknesses? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

<i>Subject</i>	<i>above grade level</i>	<i>at grade level</i>	<i>below grade level</i>
Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spelling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written Expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handwriting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Math	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Briefly describe your reading program (methods used, approach, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Do you perceive this student to have any special needs? If so, describe.

\_\_\_\_\_  
\_\_\_\_\_

How would you describe the parent's support of you, the teacher, in matters of discipline or schoolwork?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else about this student that you would like to relate?

\_\_\_\_\_  
\_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Position or Occupation \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_