



PRINCIPAL/HEAD/GUIDANCE COUNSELOR RECOMMENDATION

The applicant named below has applied to The Christ School. Your recommendation is considered an important part of our selection process. Please complete all items on this evaluation form and return it to The Christ School. Be assured that your recommendation will remain confidential. **The applicant's file will not be complete without the return of this form. Thank you for your prompt response.**

Name of applicant: _____ Current Grade: _____

How long have you known the applicant? _____

Please circle the appropriate response:

	Poor	Below Average	Average	Above Average	Outstanding
Academic potential	1	2	3	4	5
Academic drive or determination	1	2	3	4	5
Dependability	1	2	3	4	5
Conduct	1	2	3	4	5
Respect accorded by faculty	1	2	3	4	5
Respect accorded by peers	1	2	3	4	5
Overall recommendation as a student	1	2	3	4	5
Overall recommendation as a person	1	2	3	4	5

1. Has the applicant had any disciplinary problems? If yes, please explain.

2. Has the applicant received any special educational services? If yes, please explain.



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3. Does the applicant have an unusual number of excused or unexcused absences from school? If yes, please explain.

4. Please provide any other information which you feel will be useful in our assessment of this applicant. Your comments will remain confidential.

5. Are the parents supportive of your school and school policies? Yes No

6. Please indicate the strength of your recommendation regarding this applicant's candidacy for admission by checking the appropriate response.

Enthusiastic	_____	Strong	_____
Fairly Strong	_____	Without Enthusiasm	_____
Do Not Recommend	_____		

Explanation: _____

Date: _____
Your Name: _____ Position: _____
School Name: _____
School Address: _____
School Phone: (____) _____ - _____

Please return this form directly to:
Admission Office
The Christ School
106 E. Church Street, Orlando, FL 32801
p 407-849-1665 | f 407-481-2325 | sdarin@thechristschool.org