



TEACHER RECOMMENDATION | KINDERGARTEN AND FIRST GRADE

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: _____

Please circle the appropriate response:	Never	Rarely	Sometimes	Usually	Always
Adjusts to new situations	1	2	3	4	5
Respects authority	1	2	3	4	5
Exhibits self-control	1	2	3	4	5
Appears alert & enthusiastic	1	2	3	4	5
Recognizes own body space	1	2	3	4	5
Tolerates reasonable amount of frustration	1	2	3	4	5
Follows directions	1	2	3	4	5
Is cooperative	1	2	3	4	5
Can complete a task	1	2	3	4	5
Has appropriate attention span	1	2	3	4	5
Demands only his/her share of attention	1	2	3	4	5

Please circle the appropriate response:	Never	Rarely	Sometimes	Usually	Always
Helpful	1	2	3	4	5
Patient	1	2	3	4	5
Sensitive	1	2	3	4	5
Independent	1	2	3	4	5
Shy	1	2	3	4	5
Angry	1	2	3	4	5
Afraid	1	2	3	4	5
Stubborn	1	2	3	4	5
Withdrawn	1	2	3	4	5

Please circle the appropriate response:	Poor	Below Average	Average	Above Average	Outstanding
Social development	1	2	3	4	5
Physical development	1	2	3	4	5
Personal development	1	2	3	4	5
Language development	1	2	3	4	5
Number development	1	2	3	4	5
Overall academic ability	1	2	3	4	5



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1. 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: _____

2. Please describe the applicant's history of attendance in your class (frequency of absences).

3. Based upon your personal experience and knowledge of this applicant, do you believe he/she has any learning concerns? If yes, please explain.

4. Describe any factors that might affect the applicant's academic progress.

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

6. Please provide any other information which you feel will be useful in our assessment of this applicant.

Your comments are confidential. _____

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