



TEACHER RECOMMENDATION | GRADES 2-5

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: _____

How long have you known the applicant? _____ Current Grade: _____

Please circle the appropriate response:

	Poor	Below Average	Average	Above Average	Outstanding
Academic Evaluation					
Shows academic potential	1	2	3	4	5
Exhibits academic performance	1	2	3	4	5
Follows directions	1	2	3	4	5
Listens attentively	1	2	3	4	5
Begins work on time	1	2	3	4	5
Completes assignments	1	2	3	4	5
Responds to teacher's suggestions	1	2	3	4	5
Enjoys academic challenge	1	2	3	4	5
Works independently	1	2	3	4	5
Completes homework responsibility	1	2	3	4	5
Character Evaluation					
Practices courtesy and manners	1	2	3	4	5
Exhibits self-confidence	1	2	3	4	5
Interacts well with others	1	2	3	4	5
Observes school & classroom rules	1	2	3	4	5
Adjusts well to new situations	1	2	3	4	5
Demonstrates enthusiasm	1	2	3	4	5
Shows concern for others	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