

CONFIDENTIAL TEACHER/PRINCIPAL RECOMMENDATION FORM

Elementary (K-6)

Dear Parent or Guardian: Under provision of the Family Educational Rights and Privacy Act of 1974, you have the right to review your educational records. The Act further provides that you waive your right to see letters written on your behalf for admission. **PLEASE COMPLETE THIS BOX** and give this form to the teacher at your child's current or most recent school.

Name of Student: _____ Grade Applying _____

My son/daughter is applying for admission to Calvary Christian Academy. I would appreciate your completing this form and returning it directly to the Calvary Christian Academy offices. I hereby authorize the release of my child's records and evaluative data to CCA.

Date: _____ Signature of Parent _____

Name of School _____ Name of Teacher _____

Teachers, please indicate your rating below by listing a number in the right hand column. Use a question mark where you have insufficient evidence.

AREA	5	4	3	2	1	YOUR RATING
ACADEMIC ABILITY	exceptional honor roll	above average	average	marginal ability	poor academic risk	
BASIC MATH FACTS	exceptional skills higher level of thinking & application	above average, strong computation; and application level	average ability	some difficulty in understanding & applying concepts	requires tutoring	
PEER RELATIONSHIPS	outstanding interaction	good interaction	average interaction	some difficulty in cultivating relationships	interacts poorly	
READING SKILL	exceptional	above average	average ability	a low reader, needs help in skills	comprehension difficulty, requires tutoring	
INITIATIVE & DRIVE	outstanding, resourceful	well above average	generally strong enough	occasionally weak or lacking	very weak	
OVERALL RECOMMENDATION	outstanding	strong	good	fair	poor	

Please check the appropriate boxes:

	Always	Often	Sometimes	Never
1. Understands and accepts responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Accepts authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Concentrates on task without difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Very cooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Works independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Turns in assignments on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Demonstrates maturity at appropriate age level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the student had discipline or attendance (tardiness) problems? Yes No *If yes, please explain:* _____

School Official Name

Position

Address

Date

Thank you for taking time to complete this form. Your observations will assist us in our evaluation of the applicant. Please return to:

CALVARY CHRISTIAN ACADEMY

1007 Ecorse • Ypsilanti, MI 48198 • (734) 482-1990 Ext 10 • Fax (734) 484-5118 • www.ccacougars.org