

CONFIDENTIAL TEACHER/PRINCIPAL RECOMMENDATION FORM

Secondary (7–12)

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 school 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 | |
| PARENTAL SUPPORT | exceptional | quite good | average | sometimes unsupportive | often unsupportive; critical of school | |
| PEER RELATIONSHIPS | highly respected well-liked | Respected liked | accepted but not sought out | some difficulty in cultivating | poor/unhealthy unskilled interpersonally | |
| CO-CURRICULAR ACTIVITIES | Outstanding leader, "top" activities | major office holder, real contribution | fairly active, minor offices, minor activities | minor participation, no offices held | Few or no activities | |
| INITIATIVE & DRIVE | outstanding, resourceful | well above average | generally strong enough | occasionally weak or lacking | very weak | |
| EMOTIONAL STABILITY | extremely well balanced | well-balanced | usually no problems | excitable or unresponsive | hyper-emotional or apathetic | |
| OVERALL RECOMMENDATION | outstanding | excellent | 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"/> |

Has the student had discipline or attendance (tardiness) problem? 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

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