

CONFIDENTIAL TEACHER 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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