



Previous Teacher Recommendation ~~ For Students Applying for Kindergarten – 5th Grade

SECTION I: TO BE COMPLETED BY THE PARENT

Applicant's Name _____ Current Grade _____

My child is an applicant to Community Christian School. Please sign this confidential teacher recommendation form and mail or fax it directly to CCS. I waive my right of access and that of my son/daughter to this evaluation form.

 Name of Parent (please print)

 Signature of Parent

 Date

SECTION II: TO BE COMPLETED BY STUDENT'S PREVIOUS TEACHER

TO MAINTAIN CONFIDENTIALITY, RECOMMENDATION FORM MUST BE MAILED, FAXED, OR DELIVERED IN A SEALED ENVELOPE BY THE REFERENCE DIRECTLY TO CCS.

Please give us your candid response to the following items by checking the box which you feel most closely describes the candidate.

Reading	Area of Strength	Age Appropriate	Area of Concern
Reads with fluency and expression			
Demonstrates a clear understanding of material read, observable in group discussion and written assignments			
Interprets and applies what is read across the curriculum			

Comments:

Writing	Area of Strength	Age Appropriate	Area of Concern
Uses complete sentences			
Uses mechanics in written expression, evidenced by proper capitalization, punctuation, and spelling			
Clearly expresses ideas in written expression			

Comments:

Mathematics	Area of Strength	Age Appropriate	Area of Concern
Recalls and utilizes basic math facts			
Performs computation with reasonable speed and accuracy			
Understands mathematical concepts			
Uses problem solving skills effectively and independently			

Comments:

Please see the back for more.

Speaking and Listening	Area of Strength	Age Appropriate	Area of Concern
Contributes to group discussions			
Understands classroom instructions			
Expresses ideas well orally			






Comments:

Work and Study Skills	Area of Strength	Age Appropriate	Area of Concern
Sustains attention and concentration on task at hand			
Listens attentively to oral discussions and directions			
Contributes relevant thoughts to group discussions			
Works well independently or with minimal assistance			
Demonstrates responsibility for homework			
Takes pride in neatness and accuracy of work			
Displays pattern of completing work in a timely manner, both short-term and long-term			

Comments:

Social Skills	Area of Strength	Age Appropriate	Area of Concern
Cooperates with teachers			
Gets along well with peers			
Practices self-discipline			

Comments:

- With which hand does the student predominately write?  RIGHT LEFT
- Do you recommend this student for enrollment at Community Christian School? Please explain.  YES NO
- To your knowledge, does the student possess any health or emotional problems that would prevent or hinder him or her from being able to participate in class? If yes, please explain.  YES NO
- Has the applicant ever been referred to or received special services, i.e., gifted, learning disability, speech, resource center, etc.? If yes, please explain:  YES NO
- To your knowledge, has the applicant been recognized for outstanding academic, athletic, or artistic performance? If yes, please explain:  YES NO

Thank you for your time and evaluation. If the need arises, may we contact you to discuss this student further? _____

Teacher's Name _____ Title _____ Date _____

Phone Number _____ Email Address _____