

Recommendation Form

ENGLISH TEACHER

Applicant's Name: _____ Current Grade: _____
Last First Middle Preferred Name

Dear English Teacher,

The student is applying for admission to Little Rock Christian Academy. Your evaluation of the student is a valuable tool in the admission process. The parent has authorized the release of this information. Please fax (501.868.8766) or mail (self-addressed envelope) to the Director of Admissions at Little Rock Christian Academy. The student's file is not complete without the return of this form. Thank you in advance for your time and your comments.

Please indicate your preference: This information may or may not be shared with parents.

EXCEPTIONAL ABOVE AVERAGE AVERAGE FAIR POOR

1. Family

Supports Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supports School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Personal Attributes

Peer Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in non-academic activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Study Skills

Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Academic Performance

Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Health

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6. Attendance

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7. This student has been enrolled in this school for _____ years. I have personally known this child for _____ years.

8. Does the student have any significant limitations? (physical, social, mental, emotional)

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9. Has outside support been suggested to the parent? _____ If yes, explain _____

10. Has the student received outside support? _____ If yes, in what form? _____

11. Are you aware of any circumstances that may affect the student's success in school? _____ If yes, explain _____

12. Has this student been sent to the office for disciplinary problems? never infrequently often

13. Do you recommend this student for honors level coursework in this subject area? yes no

14. Is this student eligible to pass to the next grade? _____ To continue in your school? _____

Please write any additional helpful comments.

Signature _____ Printed name _____ Your position _____

Name of school _____ Phone number _____

Address _____ City _____ State _____ Zip _____

Email _____ Date _____

**Please return this form to Little Rock Christian Academy Admissions Office
Fax 501.868.8766 or Mail to 19010 Cantrell Road • Little Rock, AR 72223 or
email the Director of Admissions at darrell.smith@littlerockchristian.com**