

Recommendation Form

YOUTH PASTOR/SMALL GROUP LEADER

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

Dear Youth Pastor/Small Group Leader,
 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"/>
Interest/inclination toward things of God	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. What is your overall impression of this person?

**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**