

School Recommendation Form (Grades 6-12)

NAME OF STUDENT _____ GRADE TO WHICH APPLYING _____
(please print) First Name Last Name

This student is seeking admission to Calvary Christian School. We would appreciate your observations about the above named student in the areas listed below. You may indicate your ratings by numbers (1-5) in the right-hand column. Please use a question mark to indicate insufficient evidence on which to make a judgement. If you wish to discuss this student personally rather than complete this form, please check here (), sign the form, and note your telephone number. The Admissions Director will contact you.

AREAS	1	2	3	4	5	YOUR RATING
ACADEMIC ABILITY	Exceptionally promising, high honor roll	Fine student, honor roll	Capable of passing work, but not honors	Marginal ability	Poor academic risk	
EXTRACURRICULAR 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	
READING SKILL & INTEREST	Exceptional skills, loves to read	Above average, displays independent reading habits	Average ability, completes only what is assigned	Slow reader, needs help in skills	Comprehension difficulty, requires tutoring	
INITIATIVE & DRIVE	Outstanding, resourceful	Well above average	Generally strong enough	Occasionally weak or lacking	Very weak	
PERSONAL QUALITIES	Outstanding person, tops in all respects	Considerable appeal, generally quite strong	Generally okay, no recognizable strengths or weaknesses	Not very appealing, immature	Poor impression, unstable, very immature	
EMOTIONAL STABILITY	Exceptionally stable	Well-balanced	Usually well-balanced	Excitable or unresponsive	Hyper-emotional or apathetic	
RECOMMENDATION AS A STUDENT	Outstanding	Excellent	Good	Fair	Poor	
RECOMMENDATION AS A PERSON	Outstanding	Excellent	Good	Fair	Poor	

Please check the appropriate boxes:

ALWAYS OFTEN SOMETIMES NEVER

A. Understands and accepts responsibility				
B. Accepts authority				
C. Concentrates on tasks without difficulty				
D. Very cooperative				
E. Works independently without close supervision				
F. Follows directions without special help				
G. Behavior is good				
H. Demonstrates leadership qualities				
I. Has a good academic record				

Is the student in good standing and eligible to re-enter your school at the next grade level? YES NO

Has the student been involved with alcohol, tobacco, or drugs? YES NO

If yes, with which? _____

Has any disciplinary action involving suspension or expulsion been taken or pending on this student? YES NO

If yes, please explain: _____

Has the student had discipline or attendance (tardiness) problems? YES NO

If yes, please explain: _____

Are parents cooperative? YES NO

How would you compare this student to others whom you have observed in similar circumstances?

- BELOW AVERAGE FAIR GOOD ABOVE AVERAGE EXCELLENT
 OUTSTANDING ONE OF THE TOP FEW I HAVE ENCOUNTERED IN MY CAREER

Date _____ Signature _____ Title _____

Principal or Guidance Counselor

Printed Name _____

School _____ Phone (including area code) _____

Address _____ Zip Code _____