

Date		
Date		

Teacher Recommendation Form

Applicant's Name-(Last)		First		Middle	Grade	Grade		
School Person		on Completing Form		Title	Phone	Phone #		
Thank you for taking the time to complete this recommendation. We find candid evaluations helpful in the admissions process information is for admission use only. Your professional opinion is extremely helpful in evaluation of this student. Please con this confidential recommendation form and return it directly to Christ Classical Academy PO Box 70 Rutherford Colleg 28671.								
' <u>-</u>								
					Below			
Academic Performance		Outstanding	Excellent	Average	Average	N/A		
Mastery of Subject								
Subject Comprehension								
Writing								
Reading Comprehension								
Problem Solving								
Verbal Communication Skills								
Class Participation								
Academic	: Habits							
Motivation/Effort								
Ability to Work Independently								
Ability to Work with Others								
Ability to Follow Directions								
Ability to Focus								
Completion of Homework on Time								
Completion of Class Work on Time								
School Attendance								
Personal	Characteristics							
Conduct								
Attitude Towards Authority								
Leadership Ability								
Concern for Others								
Peer Relationships								
Personal Integrity								
Assumes Responsibility								
Exhibits Self Control in Classroom								
	volvement							
Cooperation with Staff/Administration		□ Alv	vays \square	Sometimes	☐ Rarely			
Support of Teacher			=	Sometimes	☐ Rarely			

