

SIXTH THROUGH TWELFTH GRADE

ENGLISH TEACHER RECOMMENDATION FORM



Applicant Name _____ Applying for Grade _____
Last First Middle

Teacher's Name _____

School _____

Course & Grade You Taught Applicant _____

Please circle one that applies: Regular English College Prep Honors Advance Placement Text Used _____

ACADEMIC PERFORMANCE	Superior	Good	Average	Below Average	Poor
Oral Language Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Comprehension Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has tutoring or outside help been recommended? Yes No

If yes, please explain _____

STUDY HABITS	Superior	Good	Average	Below Average	Poor
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation/Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes Work on Time	<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"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL CHARACTERISTICS	Superior	Good	Average	Below Average	Poor
Peer Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assuming of Responsibility	<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"/>
Citizenship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment briefly about:

1. Applicant's greatest strength and /or talents:

2. Special areas (academic, emotional and social) that may need to be addressed:

3. Participation in extracurricular activities:

4. Special comments (i.e., anecdotal observations, disciplinary concerns, etc.):

5. Parent Information: Please check the appropriate boxes below.

- | | | | |
|--------------------------------------|--|---|--|
| Cooperation with faculty | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |
| Expectations for student | <input type="checkbox"/> Realistic | <input type="checkbox"/> Unrealistic | <input type="checkbox"/> Unknown |
| Participation in student's education | <input type="checkbox"/> Overly involved | <input type="checkbox"/> Appropriately involved | <input type="checkbox"/> Rarely involved |

Teacher's Signature _____ Date _____

Title/Position _____ Phone _____

If you do not wish to complete this form, may we contact you by phone using the above telephone number? Yes No

Thank you for your assistance in providing us with this information.

Please return this form to:

Grace Christian Academy
Admissions Office
5914 Beaver Ridge Road
Knoxville, Tennessee 37931
or fax to
865.531.2574