



TEACHER RECOMMENDATION FORM

Grades 2-5

NAME OF APPLICANT _____ Date _____

Current Grade _____ Current School Year _____ Grade applying for _____ Current School _____

To Parent or Guardian: A recommendation form is required from school personnel for admission. Complete the section above and send to the appropriate reference. The reference will submit this form directly to the CHS Admissions Office. Recommendations become the confidential property of Christian Heritage School and are not subject to applicant, parent, or guardian review.

To Teacher and/or other School Personnel: The above named student has made application to Christian Heritage School and has submitted your name as a reference. This information will be reviewed by an Admissions Committee. Please complete this form, as your candid observation is vital to the admission process and to the continuing educational needs of this child. Forms can be returned by mail or fax (706-529-7664).

Academic Characteristics	Excellent	Above Average	Average	Below Average	Not Applicable
Academic Potential					
Critical/ Abstract Thinking Skills					
Intellectual Curiosity					
Oral Expression					
Creativity					
Work Skills					
Organizational Skills					
Determination/Effort					
Study Skills					

English/Language Arts	Excellent	Above Average	Average	Below Average	Not Applicable
Reading Comprehension					
Reading Vocabulary					
Verbal Expression					
Written Expression: Composition					
Written Expression: Grammar					
Textbooks and publishers:					

Math	Excellent	Above Average	Average	Below Average	Not Applicable
Knowledge of basic skills					
Accuracy in the use of basic skills					
Problem Solving Ability					
Reasoning Ability					
Textbooks and publishers:					

Teacher Recommendation Form

Personal Characteristics	Excellent	Above Average	Average	Below Average	Not Applicable
Concern for others					
Leadership potential					
Self-confidence					
Self-control					
Independence					
Peer Compatibility					
Conduct					
Integrity					
Appearance					
Dependability					
Emotional Maturity					
Attitude					
Respect for Authority					

Areas of child's greatest strengths: _____

Areas of child's greatest needs: _____

Does the child have excessive tardies or absences? If yes, please explain. _____

Would you want this student in your class again? Why or why not? _____

Please comment on degree of parental support and involvement. _____

Please list any additional comments that you feel would help the school in evaluating the child's potential. _____

I recommend this student to Christian Heritage School:

___ Enthusiastically ___ Confidently ___ Reservedly ___ Not at all

Thank you very much for your evaluation.

Evaluator's signature _____

Date _____

Evaluator's printed name/title _____

Telephone _____

Mail or Fax to: Christian Heritage School ~ Admission Office ~ PO Box 2066 ~ Dalton, Georgia 30722 Fax: 706-529-7664

