



TEACHER'S RECOMMENDATION

School teacher from current/previous year (no family members, please) who taught a core subject (English, Math).

Student's Name _____

A recommendation must be received for all students entering grades six through twelve. Students should fill in their name on the line above, place a postage stamp on the reverse side, and give this form to a school teacher from either a previous year or this current school year. Two recommendations (one from a pastor and one from a teacher) are required.

Please sign the following waiver. *I, the undersigned, hereby voluntarily waive any right or privilege provided by Public Law 93-380 to inspect or challenge the content and comments expressed in this Personal Recommendation.*

Parent's Signature _____ Date _____

Student's Signature _____ Date _____

Teacher: Please complete this recommendation carefully and mail/fax it directly to us as soon as possible. This information will be strictly confidential. Thank you for your time and assistance. Phone 918-249-9100 • Fax 918-317-5158

A. How long have you known this person and how familiar are you with them?
 less than 1 yr. 1-5 yrs. 5 or more yrs. very familiar familiar unfamiliar

B. How diligent was this student with assignments and homework?
 Always turned assignments in on time. Almost always turned assignments in on time.
 Inconsistent with the timeliness of assignments. Rarely did homework.

C. How would you rate the quality of this student's overall work compared to all students you have taught?
 Top 10 % Top 25% Middle 50% Lowest 25%

D. Please describe your interaction with this student's parent(s):
 Very helpful, involved and supportive. Rarely interacted/encounters very positive.
 Rarely interacted/found cooperative efforts difficult. Never met the parents.
 Several encounters with parents/found cooperative efforts difficult.

E. Please choose the response that best describes this student's behavior in your classroom:
 Always respectful/did not require redirection. Occasional redirection
 Required more than an average amount of redirection. Was a consistent discipline problem.

F. Does this person respond well to authority? Yes No

G. With what type of friends does he/she usually associate? _____

H. What are his/her special abilities? _____

I. What is his/her attitude toward such practices as smoking and the use of alcoholic beverages and drugs?

J. Does he/she have any emotional or physical problems that would hinder him/her in a strict academic environment?
 Yes No If yes, please explain: _____

K. Does he/she demonstrate the self-discipline necessary to be a good student? Yes No

L. Please check one box under each topic.

Academic Ability	Responsibility	Honesty	Leadership	Influence on Others	Acceptance by Others
<input type="checkbox"/> Excellent	<input type="checkbox"/> Excellent	<input type="checkbox"/> Excellent	<input type="checkbox"/> Excellent	<input type="checkbox"/> Excellent	<input type="checkbox"/> Excellent
<input type="checkbox"/> Good	<input type="checkbox"/> Good	<input type="checkbox"/> Good	<input type="checkbox"/> Good	<input type="checkbox"/> Good	<input type="checkbox"/> Good
<input type="checkbox"/> Fair	<input type="checkbox"/> Fair	<input type="checkbox"/> Fair	<input type="checkbox"/> Fair	<input type="checkbox"/> Fair	<input type="checkbox"/> Fair
<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Needs Improvement

M. Do you recommend that we accept this person as a student? Yes Questionable No

N. Additional comments: _____

Please print name

Signature *Date* *Telephone Number*

Subject taught: _____
fold here _____

fold here _____

GRACE CHRISTIAN SCHOOL
Attention: Records Office
9610 S. Garnett Rd.
Broken Arrow, Oklahoma 74012

staple here