



**TEACHER RECOMMENDATION FORMS AND TRANSCRIPT RELEASE**

NAME OF APPLICANT \_\_\_\_\_ Date \_\_\_\_\_

Current Grade \_\_\_\_\_ Grade Applying For \_\_\_\_\_ School Year \_\_\_\_\_

**To Parent or Guardian:** A recommendation form is required from school personnel (if applicable) for admission. Complete the section above and send to the appropriate reference. The reference will mail 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 School Personnel:** Please fill out the appropriate checklist for the student listed above. This information will be reviewed by an Admissions Committee in consideration for acceptance to Christian Heritage School. Your candid observation is vital to the admission process and to the continuing educational needs of this child.

**TO BE COMPLETED BY PRESCHOOL / KINDERGARTEN TEACHER**

ACADEMIC READINESS	Above Average	Average	Below Average
Fine Motor Development			
Gross Motor Development			
Oral Language Development			
Reading Readiness			
Mathematical Readiness			

EMOTIONAL READINESS	Above Average	Average	Below Average
Peer Interaction			
Independence			
Maturity			
Follows Simple Instructions			
Accepts Correction			
Enthusiasm for Learning			

**1st - 5th GRADES**

**TO BE COMPLETED BY TEACHER OF  
 MATH, ENGLISH, HISTORY OR SCIENCE**

ACADEMIC CHARACTERISTICS	Above Average	Average	Below Average
Academic Potential			
Academic Achievement			
Reading Skill			
Written Expression			
Oral Expression			
Mathematics Skill			
Study Habits			
Motivation			
Creativity			

PERSONAL CHARACTERISTICS	Above Average	Average	Below Average
Self-Discipline			
Independence			
Peer Compatibility			
Conduct			
Dependability			
Emotional Maturity			
Attitude			
Respect for Authority			

Do you believe this student is: developmentally ready to begin kindergarten? academically ready to enter grade for which application is being made?

Not Recommended \_\_\_\_\_ Recommended with Reservations \_\_\_\_\_ Recommended \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**6th - 11th GRADES — TO BE COMPLETED BY ENGLISH TEACHER**

<b>ACADEMIC CHARACTERISTICS</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Improvement Needed</b>
Academic Potential					
Academic Achievement					
Reading Skill					
Written Expression					
Oral Expression					
Mathematics Skill					
Study Habits					
Initiative / Motivation					
Creativity					

**For Academic Promise** — *(Please check appropriate recommendation)*

Not Recommended     Recommended w/restrictions     Recommended     Top 5-10% this year     Exemplary Student

<b>PERSONAL CHARACTERISTICS</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Improvement Needed</b>
Reaction to Criticism					
Leadership					
Self-Discipline					
Judgment					
Independence					
Peer Compatibility					
Conduct					
Integrity					
Appearance					
Dependability					
Emotional Maturity					
Attitude					
Respect for Authority					

1. How long have you known this applicant? \_\_\_\_\_  Principal  Current Teacher  Former Teacher  Other \_\_\_\_\_

As a teacher, list specific subjects you taught this student: \_\_\_\_\_

Name of school and school phone number: \_\_\_\_\_

2. To your knowledge, has the applicant had any history of physical or emotional problems?  Yes  No

Serious conduct problems?  Yes  No                      If so, explain: \_\_\_\_\_

3. Has the applicant ever been suspended?  Yes  No                      Expelled?  Yes  No

If so, explain: \_\_\_\_\_

4. To your knowledge, has the applicant had any history of involvement with tobacco, drugs, alcohol, or juvenile delinquency?  Yes  No

If so, explain: \_\_\_\_\_

5. Has the applicant ever received professional psychological testing or counseling?  Yes  No  Don't know

If yes, explain: \_\_\_\_\_

6. Has this applicant ever been in a program for special needs (i.e. learning disabled, behavior disordered, gifted, etc.)  Yes  No

Don't Know                      If yes, explain: \_\_\_\_\_

7. Would the applicant be permitted to re-enroll at your school?  Yes  No

If no, explain: \_\_\_\_\_

8. Please give any additional comments on the applicant's outstanding talents/achievements, family situation, or other pertinent information.

\_\_\_\_\_  
\_\_\_\_\_

We wish to thank you for the time and effort you have invested in completing this confidential evaluation.

Signature: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

**6th - 11th GRADES — TO BE COMPLETED BY MATH TEACHER**

<b>ACADEMIC CHARACTERISTICS</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Improvement Needed</b>
Academic Potential					
Academic Achievement					
Reading Skill					
Written Expression					
Oral Expression					
Mathematics Skill					
Study Habits					
Initiative / Motivation					
Creativity					

**For Academic Promise — (Please check appropriate recommendation)**

Not Recommended     Recommended w/restrictions     Recommended     Top 5-10% this year     Exemplary Student

<b>PERSONAL CHARACTERISTICS</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Improvement Needed</b>
Reaction to Criticism					
Leadership					
Self-Discipline					
Judgment					
Independence					
Peer Compatibility					
Conduct					
Integrity					
Appearance					
Dependability					
Emotional Maturity					
Attitude					
Respect for Authority					

1. How long have you known this applicant? \_\_\_\_\_ Principal \_\_\_ Current Teacher \_\_\_ Former Teacher \_\_\_ Other \_\_\_\_\_  
 As a teacher, list specific subjects you taught this student: \_\_\_\_\_  
 Name of school and school phone number: \_\_\_\_\_

2. To your knowledge, has the applicant had any history of physical or emotional problems? \_\_\_ Yes \_\_\_ No  
 Serious conduct problems? \_\_\_ Yes \_\_\_ No      If so, explain: \_\_\_\_\_

3. Has the applicant ever been suspended? \_\_\_ Yes \_\_\_ No      Expelled? \_\_\_ Yes \_\_\_ No  
 If so, explain: \_\_\_\_\_

4. To your knowledge, has the applicant had any history of involvement with tobacco, drugs, alcohol, or juvenile delinquency? \_\_\_ Yes \_\_\_ No  
 If so, explain: \_\_\_\_\_

5. Has the applicant ever received professional psychological testing or counseling? \_\_\_ Yes \_\_\_ No \_\_\_ Don't know  
 If yes, explain: \_\_\_\_\_

6. Has this applicant ever been in a program for special needs (i.e. learning disabled, behavior disordered, gifted, etc.) \_\_\_ Yes \_\_\_ No  
 \_\_\_ Don't Know      If yes, explain: \_\_\_\_\_

7. Would the applicant be permitted to re-enroll at your school? \_\_\_ Yes \_\_\_ No  
 If no, explain: \_\_\_\_\_

8. Please give any additional comments on the applicant's outstanding talents/achievements, family situation, or other pertinent information.  
 \_\_\_\_\_  
 \_\_\_\_\_

We wish to thank you for the time and effort you have invested in completing this confidential evaluation.

Signature: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_