

Algood Christian Elementary School Teacher Recommendation

To the Parent: Please fill in the information in this box. Then give this form to your child's most current homeroom teacher. If your child had multiple teachers, please request a recommendation from your child's language arts and math teacher. Homeschoolers should use church leaders or teachers. No relatives please. This form must be returned directly to Algood Christian Elementary School. By signing you waive your right to see the completed form.

Teachers, this form authorizes you to submit a confidential recommendation for entrance to Algood Christian Elementary for the student listed below. We appreciate you assisting us by providing this confidential information about this student.

Signature of Parent/Guardian _____ **Date** _____

Applicant's Name _____ **Date** _____

Current Grade _____ **Seeking Admission to Grade** _____ **for School Year** _____

If unable to evaluate an area or not applicable to a child's age development, please write N/A.

1. How long have you known this student and in what capacity?

2. How would you feel if this student were to be placed in your classroom again?

___no concerns ___with concerns Explanation _____

3. How would you describe this student's strength of character? Check one.

___firm, steady, consistent ___fairly stable ___weak, easily influenced.

4. Has this student ever been suspended or expelled? _____ If so, please state the reason on the back of this form.

PLEASE EVALUATE:

- | | |
|---|-------------------------------------|
| 5. This student's verbal and communication skills: | Above Average/Average/Below Average |
| 6. This student's math skills: | Above Average/Average/Below Average |
| 7. The quality of this student's written/literary work: | Above Average/Average/Below Average |
| 8. This student's reading comprehension: | Above Average/Average/Below Average |
| 9. This student's academic achievement in relation to ability | Above Average/Average/Below Average |
| 10. This student's academic potential. | Above Average/Average/Below Average |
| 11. This student's maturity: | Above Average/Average/Below Average |

12. Compared to others of the same age you have known, please evaluate the student's:

Attitude: ___outstanding ___excellent ___good ___fair ___needs improvement

Social Skills: ___outstanding ___excellent ___good ___fair ___needs improvement

Spiritual Focus: ___outstanding ___excellent ___good ___fair ___needs improvement

Initiative/Motivation: ___outstanding ___excellent ___good ___fair ___needs improvement

Responsibility: ___outstanding ___excellent ___good ___fair ___needs improvement

Leadership: ___outstanding ___excellent ___good ___fair ___needs improvement

Acceptance by others: ___outstanding ___excellent ___good ___fair ___needs improvement

13. Please characterize parental interest in student's progress in school. Above
Average/Average/Below Average

14. Additional comments (any helpful information not mentioned above i.e. peer relationships,
special needs, etc.)

Teacher _____ **School** _____ **Phone** _____

To the Teacher: Please mail this completed form directly to:

Algood Christian Elementary School

2660 Hwy 111N

Algood, TN, 38506.

Thank you for your time and interest.

