

TEACHER RECOMMENDATION

GRADES 1 – 8

The following student has submitted an application to King's Way Christian Schools. We would appreciate your assessment and insight concerning this student in the areas of academics and character. Recommendations are reviewed with the full awareness that children are constantly changing and developing. We value your response to each question and we will keep your input confidential.

Student's Name _____ Current grade _____

I give permission for the teacher to release information on this form to King's Way Christian Schools. I understand that as a parent we will not have access to this confidential information.

Signature of parent/guardian _____ Date _____

ACADEMIC ABILITY

	Excellent	Above Average	Average	Below Average	No Basis For Evaluation
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHARACTER / PERSONALITY

	Excellent	Above Average	Average	Below Average	No Basis For Evaluation
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stays on task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude of peers toward student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect toward teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on any ratings that are below average. _____

Are there any indicators that this student has learning difficulties? _____

What are the student's strong points? Which areas, if any, need improvement? _____

Describe any areas of social and/or emotional development which have hindered learning and performance. _____

Are there any disciplinary concerns? _____

Please comment on parent involvement and cooperation with the school. _____

How long have you known the student? _____

Additional comments. _____

Thank you for taking the time to fill out this form.

Teacher's name _____ Signature _____
(Please Print)

School name _____

Address _____ City/State/Zip _____

PLEASE RETURN THIS FORM TO:

King's Way Christian Schools
Attn: Registrar
3300 NE 78th Street
Vancouver, WA 98665

CONTACT INFORMATION:

School Phone: 360-574-1613
Registrar: 360-816-1223
Fax: 360-573-5895