

School Recommendation

Applicant's Name _____ Applying to Grade _____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

What adjectives come to mind when you think of this applicant? _____

Please check the appropriate rating:

	Superior	Good	Average	Below Average	Poor
SOCIAL DEVELOPMENT					
Attention Span					
Ability to Follow Directions					
Ability to Complete Tasks					
Ability to Work in a Group					
Attitude Toward Teachers					
Attitude Toward Peers					
Confidence					
Ability to Communicate					
Assumption of Responsibility					
Conduct					
ACADEMIC PERFORMANCE					
Reading Skills					
Writing Skills					
Language Ability					
Math – Facts & Computation					
Math – Problem-Solving Skills					
Work Ethic					
Organizational Skills					
FAMILY					
Supports Child and His/Her Needs					
Supports School and Teacher					
Attendance					
Health					

Has outside help been recommended? Yes No

Has outside help been given? Yes No

(over)

Applicant's Name _____

Applying to Grade _____

Please comment briefly on the following:

Applicant's social and/or emotional development as compared with his/her peers:

Applicant's greatest strengths:

Applicant's limitations, disabilities, or special needs:

Parental expectations, support, and attitude toward child:

Parental expectations and support of school:

Special comments:

Teacher's Signature _____ Date _____

Teacher's Name _____ Position _____

School _____ Address _____

The student has been enrolled in this school for _____ year(s).

Please mail this form directly to Anchor Christian Academy, PO Box 6124, Lancaster, PA 17607.

Thank you for completing this recommendation form. All information will be considered strictly confidential.