

Grace Academy

Christian Classical Collaborative

P.O. Box 1212, Boone, NC 28607 (828) 773-7830 graceacademyboone@gmail.com

Teacher Recommendation

Parent or Guardian: Please mail or take this form to your child's teacher for completion.

Student Name: _____ Current grade level: _____

Signature of Parent or Guardian _____ Date _____

Teacher: The child named above is a candidate for admission to Grace Academy. We would appreciate your candid evaluation on both the front and back of this survey form. The child's parents have authorized this request as noted by their signature above and are aware that your comments will be held confidential.

Explanation of Ratings: E = Excellent G = Good F = Fair P = Poor

1. Please rate this applicant on the following characteristics, if applicable:

ACADEMICS	E	G	F	P
Reading comprehension				
Writing mechanics (grammar, spelling, punctuation, etc.)				
Mathematics				
Exhibits intellectual curiosity				
Academic achievement				
Academic promise				
SOCIAL AND WORK HABITS				
Is organized				
Exhibits strong work ethic				
Is cooperative with teachers and other adults				
Completes homework assignments on time				
Maintains focus and attention				
Is able to work independently				
Follows directions				
Is a positive influence on peers				
BEHAVIOR/EMOTIONAL MATURITY				
Obeys promptly without arguing				
Is emotionally mature for his/her age				
Models good conduct				
Is honest				
Is able to work in a group				
Will be successful in a rigorous academic program				

2. Describe the child's:

Strengths: _____

Weaknesses: _____

Special Needs: _____

Does this student receive modifications or accommodations in the classroom? _____ If so, please list:

3. Please write some words (adjectives, phrases) that come to mind as you think about this student.

4. What is your recommended grade placement for next year? _____

5. Have you shared this recommendation with the parents? _____

6. I recommend this applicant: Enthusiastically Confidently With reservation Do not recommend

7. Additional comments: _____

Name of teacher completing this form (*please print*) _____

Teacher signature: _____ Date _____

Name of your school: _____

School Address: _____

City: _____ State _____ Zip _____

School Phone: _____ May we contact you? _____

Please return this form directly to Grace Academy, P.O. Box 1212, Boone, NC 28607 as soon as possible.

Thank you for taking the time to complete this form.

If you have any questions, please contact (828) 773-7830.