



Calvary Christian Academy

English Teacher Recommendation Form



9th – 12th Grade

1175 Hillsdale Ave., San Jose, CA 95118

Instructions to Parents: Please complete this section and give the form to your child's current English teacher. Ask that it be completed and returned in the supplied envelope. Please affix postage before giving it to the teacher.

Applicant's Name: _____ Applying for Grade: _____

Name of Parent/Guardian: _____

Parent or Guardian Signature: _____ Date: _____

Instructions to Teachers: Please complete this recommendation and return it in the enclosed, stamped envelope. This student's application cannot be processed until all recommendations have been received. This information will remain confidential and will not be disclosed to the student's parent/guardian.

Language Arts Skills	Below Average	Average	Good	Very Good	Excellent (Top 5%)	N/A
Reading Comprehension						
Oral Reading						
Effectiveness of Writing						
Accuracy of Mechanics						
Organization						
Development of Sentences						
Attention to Detail						
Development of Ideas						
Originality and Creativity						
Critical Thinking						
Grammar						
Vocabulary						
Effort						
Neatness						
Classroom Participation						

Social Skills/Behavior	Below Average	Average	Good	Very Good	Excellent (Top 5%)	N/A
Work Habits						
Self-Discipline						
Honesty/Integrity						
Maturity for Age						
Responsibility						
Leadership						
Peer Relationships						
Respect for Authority						
Emotional Stability						
Homework Compliance						
Initiative						
Reaction to Setbacks						
Self-Confidence						
Attendance						

CCA is a Christian, college preparatory school. What attributes or strengths does this candidate have that will assist him/her in being successful at CCA? _____

Additional comments: _____

Have you observed any signs of learning disabilities/special needs? _____ Yes _____ No

Does this student receive any special accommodations? _____ Yes _____ No

Please explain. _____

Parent involvement: _____ High _____ Average _____ Seldom _____ Not Involved

Parent cooperation: _____ Very Cooperative _____ Usually Cooperative _____ Not Cooperative

Please check one of the following: _____ I highly recommend _____ I recommend with reservations

_____ I recommend _____ I do not recommend

Please explain if you "recommend with reservation" or "do not recommend": _____

TEACHER'S NAME: _____ **SCHOOL:** _____

Curriculum used: _____

Teacher's Signature: _____ *Date:* _____

Telephone Number: _____ E-mail: _____

Thank you for taking the time to complete this recommendation. Please return completed form to:

Calvary Christian Academy, Admissions Office, 1175 Hillsdale Ave., San Jose, CA 95118