



Calvary Christian Academy

Teacher Recommendation Form

2nd – 5th Grade

1175 Hillsdale Ave., San Jose, CA 95118



Instructions to Parents: Please complete this section and give the form to your child's current 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.

Academic Traits	Below Average	Average	Good	Very Good	Excellent (Top 5%)	N/A
Attention Span						
Follows Directions						
Ability to Work Independently						
Works Cooperatively						
Written Expression						
Oral Expression						
Reading Level						
Comprehension						
Mathematical Ability						
Self-Motivation						
Organization						
Perseverance						
Intellectual Curiosity						
Academic Potential						
Academic Achievement						

Behavior/Study Skills	Below Average	Average	Good	Very Good	Excellent (Top 5%)	N/A
Neatness						
Response to Correction						
Concern for Others						
Self-Control						
Leadership						
Respect for Authority						
Assignment Completion						
Initiative						
Attendance						
Motivation						
Maturity for Age						

What are this student's strengths and weaknesses? _____

Additional Comments: _____

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

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

If yes, 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:** _____

Teacher's Signature: _____ *Date:* _____

Telephone Number: _____ E-mail: _____