

Cornerstone Christian Academy

TEACHER RECOMMENDATION

Grades One Through Five

CCA
 2140 First Colony Blvd.
 Sugar Land, TX 77479
 Fax:281.980.1432

Name of Applicant _____

Applicant for Grade _____

Parent or Guardian

Parent or Guardian: Please write your child's name in the space above and read and sign the following before giving this to your child's teacher. Please include an addressed/stamped envelope for each school you list below.

I understand and agree that the information contained on this Teacher Recommendation form is confidential and will be used only in the selection of applicants and will not become part of the applicant's permanent file. I also agree that this completed form will not be available to applicants, parents, or anyone outside of the Admissions Committee, and I waive any right that I may have to see it.

Signature of Parent or Guardian

Date

Teacher: Please complete this confidential form and return it to the schools listed above in the envelope provided by the student/parent. This Teacher Recommendation form will be treated confidentially and will not be shared with parents. You may wish to retain the original copy for your files to send to additional schools. Thank you for your cooperation and honesty. **The child's application cannot be processed until this form is received in the Admissions Office.**

Academic Skills

<i>Ratings</i>	<i>Area of Strength</i>	<i>Age Appropriate</i>	<i>Progressing</i>	<i>Area of Concern</i>	<i>Comments</i>
Listens to and follows teacher's directions					
Is attentive to group discussions/activities					
Contributes appropriately to group discussions/activities					
Demonstrates ability to work independently					
Perseveres in spite of difficulty					
Works cooperatively					
Enjoys new challenges					
Moves easily from one activity to another					
Demonstrates ability to stay on task					
Ability to complete work in a timely manner					

Communication Skills

<i>Ratings</i>	<i>Area of strength</i>	<i>Age Appropriate</i>	<i>Progressing</i>	<i>Area of Concern</i>	<i>Comments</i>
Ability to express ideas verbally					
Clarity of writing					
Grammar/Mechanics skills					
Reading rate and fluency					
Reading comprehension					
Knowledge and usage of vocabulary					
Imagination and creativity					
Problem-solving skills					

Name of Applicant _____

Applicant for Grade _____

Social Skills

<i>Ratings</i>	<i>Usually</i>	<i>Sometimes</i>	<i>Seldom</i>	<i>Comments</i>
Responds positively to constructive criticism				
Establishes friendships easily				
Is comfortable in a group				
Respectful of property (personal and others)				
Accepts responsibility for actions				
Demonstrates self-control				
Takes responsibility for belongings				
Is cooperative				
Demonstrates appropriate energy level				
Exhibits emotional maturity				
Takes pride in appearance				

Circle the words that best describe this applicant.

- | | | | | |
|-------------|--------------------|-----------------|------------------|--------------|
| Aggressive | Easily discouraged | Immature | Oppositional | Shy |
| Anxious | Flexible | Irritable | Over-protected | Self-reliant |
| Cheerful | Follower | Impulsive | Perfectionist | Spirited |
| Confident | Helpful | Manipulative | Positive leader | Well-liked |
| Disobedient | Honest | Negative leader | Self-disciplined | Witty |

● Describe any notable social or emotional strengths or weaknesses. What steps have been taken to address the areas of concern? _____

● Is applicant habitually tardy or absent? Yes No

If yes, please explain. _____

● This applicant is: Strongly Recommended Recommended Recommended with Reservation Not Recommended

● Is there anything regarding the applicant that would be helpful for the Admissions Committee to know? _____

● Is there anything regarding the family that would be helpful for the Admissions Committee to know? _____

● I would: like to be willing to discuss this applicant by telephone.

Signature of Teacher: _____	Date: _____
Print Name: _____	Email: _____
Name of School: _____	Telephone: _____
School Address: _____	Home Telephone: _____

Director/Principal

	Consistently	Usually	Seldom	Not Observed
Parent(s) participate in school activities				
Parent(s) support school policies and procedures				

Signature of Director/Principal: _____ **Date:** _____