



Teacher Recommendation Form

Grades 1 - 5

TO BE COMPLETED BY THE APPLICANT

Student's Name/Grade: _____

Student's Current School _____ Current Grade _____

Parent/Guardian Name (s): _____

TO BE COMPLETED BY STUDENT'S CURRENT TEACHER

The above student has applied to Shalom Christian Academy. We require this form on file before being considered for admission. This evaluation and its contents will be used only in connection with the admission decision.

How long have you known this student? _____

What are the first words that come to mind when describing this student?

1. _____ 2. _____ 3. _____

What are the student's special interests or abilities? _____

Has the student participated in any program for special needs (gifted, learning disabled, etc.)? Yes _____ No _____

Please explain: _____

Please comment on the parents' support of their child's learning and their cooperation with the school.

Are you aware of any discipline action that has been taken with the student? Please describe the circumstances relating to the action. _____

Please return completed form to:

Shalom Christian Academy, Admissions

126 Social Island Road Chambersburg, PA 17202



Teacher Recommendation Form

Grades 1 - 5

Personal Qualities

	Outstanding	Average	Needs Improvement
Work ethic			
Consideration for others			
Relationship with peers			
Emotional maturity			
Self-confidence			

Academic Qualities

	Outstanding	Average	Needs Improvement
Motivation to learn			
Ability to work independently			
Ability to work in a group			
Organizational skills			
Work habits			
Class preparation			
Class participation			

Please return completed form to:

Shalom Christian Academy, Admissions

126 Social Island Road Chambersburg, PA 17202