



## TEACHER RECOMMENDATION FORM

### Grades Kindergarten-First

NAME OF APPLICANT \_\_\_\_\_ Date \_\_\_\_\_

Current Grade \_\_\_\_\_ Current School \_\_\_\_\_ School Year: \_\_\_\_\_

**To Parent or Guardian:** A recommendation form is required from school personnel for admission. Complete the section above and send to the appropriate reference. The reference will submit this form directly to the CHS Admissions Office. Recommendations become the confidential property of Christian Heritage School and are not subject to applicant, parent, or guardian review.

**To Teacher and/or other School Personnel:** The above named student has made an application to Christian Heritage School and has submitted your name as a reference. This information will be reviewed by an Admissions Committee and held in strict confidence. Please complete this form, as your candid observation is vital to the admission process and to the continuing educational needs of this child. Forms can be returned by mail or fax (706-529-7664).

Academic Characteristics	Excellent	Above Average	Average	Below Average
Articulates Words				
Uses appropriate vocabulary				
Letter/Sound Recognition				
Sequences Events				
Follows Directions				
Participates during group activities				
Fine Motor Skills				
Gross Motor Skills				
Organizational Skills				
Number Recognition				
Counting				
Spatial Awareness				
Visual Sequencing				

Personal Characteristics	Excellent	Above Average	Average	Below Average
Reaction to Correction				
Attention Span				
Self-Discipline				
Independence				
Adult Compatibility				
Peer Compatibility				
Flexibility				
Self-confidence				
Appearance				
Conduct				
Emotional Maturity				
Attitude				
Respect for Authority				

## TEACHER RECOMMENDATION QUESTIONNAIRE

Areas of child's greatest strengths: \_\_\_\_\_

\_\_\_\_\_

Areas of child's greatest needs: \_\_\_\_\_

\_\_\_\_\_

Does the child have excessive tardies or absences? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Please comment on degree of parental support and involvement. \_\_\_\_\_

\_\_\_\_\_

Please list any additional comments that you feel would help the school in evaluating the child's

potential. \_\_\_\_\_

\_\_\_\_\_

I recommend this student to Christian Heritage School:

Enthusiastically     Confidently     Reservedly     Not at all

Thank you very much for your evaluation.

Evaluator's signature \_\_\_\_\_

Date \_\_\_\_\_

Evaluator's printed name/title \_\_\_\_\_

Telephone \_\_\_\_\_

**Please mail or fax this information to:**

**Fax: 706-529-7664**

**Christian Heritage School, Admissions Office  
1600 Martin Luther King, Jr. Blvd.  
Dalton, Georgia 30721  
(706) 277-1198**



