

Victory Christian Center School



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 Charlotte, NC 28216
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 Email: info@vccskings.com

Middle & High School (Grades 6th -12th) Teacher Recommendation Form English and Math

Your recommendation is highly valued as we consider this applicant for admissions to Victory Christian Center School. Thank you for taking the time to complete this evaluation. Please complete this confidential form and return it to the Admissions Department by mail, via email or fax.

Name of Student: _____ **Applying for Grade:** _____

*Please rate this student on the scale below as it relates to each category.
Excellent-1, Good-2, Average-3, Below Average-4, Poor-5, N/A*

| Categories | Rate |
|------------------------------------|------|
| Conduct | |
| Peer relations | |
| Considerate of others | |
| Attitude towards authority | |
| Emotional maturity | |
| Self confidence | |
| Honesty | |
| Personal integrity | |
| Academic achievement | |
| Class preparation | |
| Ability to work in a group | |
| Ability to work independently | |
| Motivation to learn | |
| Pattern of completing work on time | |
| Attention span | |

For applicants from a Christian school only:

| | |
|---|--|
| Christian spiritual maturity | |
| Bible knowledge | |
| Applies their Christian faith in daily living | |

Please comment briefly about:

1. Applicant's greatest strengths and /or talents.

2. List three characteristics that describes student.

3. Other comments/observations concerning the student.

4. Regarding Parent(s):

| | | | |
|----------------------------------|--|--------------------------------------|----------------------------------|
| Cooperation with Faculty | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |
| Expectation for Student | <input type="checkbox"/> Realistic | <input type="checkbox"/> Unrealistic | <input type="checkbox"/> Unknown |
| Involvement in Child's Education | <input type="checkbox"/> Appropriately | <input type="checkbox"/> Rarely | <input type="checkbox"/> Overly |

Teacher's Name _____ Date _____

Name of school _____

Class taught _____

Email _____

Phone _____

*Recommendation forms are used only for admissions and not part of the student's permanent record.
Thanks in advance for your time and providing us assistance with this recommendation.*