



TEACHER RECOMMENDATION FORM

Student Name _____ Present Grade _____ Date _____

School Name _____ Teacher _____ Subject _____

Please Note: The student above is applying for admission. All information is confidential, not available to parents or students, and is used only in the admission process. **A Mid-Year Evaluation is preferable** unless the student is applying to enter Christ the King during a school year.

How long have you have known the student? _____ In what capacity? _____

ACADEMIC QUALITIES *(Please check the box that best describes the student compared with other students you have taught.)*

	Truly Outstanding	Excellent	Above Average	Average	Below Average
Ability to Learn					
Performance					
Study Habits:					
▪ Ability to work independently					
▪ Ability to follow directions					
▪ Ability to focus and stay on task					
▪ Ability to work in a group					
▪ Ability to organize					
Class participation					
Thoroughness of assignments					
Timeliness of assignments					
Willingness to seek help when needed					
Intellectual curiosity					
Creativity and originality in thought					
Ability to express ideas in writing					
Reading Interest					

Please comment on this student's academic strengths and weaknesses (persistence, motivation, initiative, etc.).

Please compare this student's academic achievement to his/her ability.

Please comment on this student's attendance (frequent absences, tardies, etc.).

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PERSONAL QUALITIES (Please check the box that best describes the student compared with other students you have taught.)

	Truly Outstanding	Excellent	Above Average	Average	Below Average
Honesty					
Self-discipline/personal responsibility					
Maturity					
Persistence					
Reaction to criticism/setbacks					
Potential for leadership					
Respect of/relationship with peers					
Respect of/relationship with adults					
Attitude					
Self-confidence					

Please comment on the student as a person. Consider character and emotional stability as well as social development.

Please comment on parental involvement and/or any particular needs of this student to be met by the school. Consider the parent's educational support, cooperation and expectations and any special needs of the student.

Has the student or family ever been suspended, denied re-enrollment, asked to withdraw, or received disciplinary censure? If yes, please explain.

SUMMARY (Please check the box that best describes the student compared with other students you have taught.)

	Truly Outstanding	Excellent	Above Average	Average	Below Average
Scholastic Promise					
Personal Promise					
Overall Recommendation					

	Academically (Check one line below)	Personally (Check one line below)
I strongly recommend this student and family		
I recommend this student and family		
I recommend this student and family with reservations		
I do not recommend this student or family		

Name *(please print)* _____ Signature _____

Contact #/Email _____

We truly appreciate the time you have invested in this student's application. Your comments are valued.

Please return this completed form in a sealed envelope to:

Director of Admissions
 Christ the King School
 3105 Belmont Boulevard
 Nashville, TN 37212

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