



CALVARY CHAPEL CHRISTIAN SCHOOL

Confidential **Teacher** (Academic) Recommendation 1st -6th

Before proceeding, ensure release form located on the back of this sheet has been filled out and signed by an authorized parent.

Please complete this form and return it directly to Calvary Chapel Christian School.

Student's Name _____
(First) (Middle) (Last)

Applying to Grade _____ for the 2024/2025 school year

Please indicate your ratings by number in the right hand column. Use a question mark where you have insufficient evidence. Your comments will be held in strict confidence.

	1	2	3	4	5	Ratings
Academic Potential	Exceptionally promising student	Generally strong student	Average student, capable of satisfactory work	Below average: ___ Marginal ability ___ Lacks motivation	Questionable candidate	
Personal Qualities	Outstanding: leads and participates	Generally strong	Average	Below average, immature	Very immature for age	
Emotional Stability	Exceptionally stable	Well balanced	Generally well balanced	___ Excitable ___ Unresponsive ___ Distractible	___ Hyper-emotional ___ Apathetic	
Summary	Outstanding	Above average	Average	Below average	Poor	

Please comment on the applicant's attitude toward school.

Has the applicant ever been suspended or expelled *If yes, please explain.*

To your knowledge, does the applicant have any history of conduct or behavior problems? *If yes, please explain.*

Does the candidate have any history of learning differences or has he/she required any special help to meet academic requirements e.g., IEP, speech therapy, etc.? *If yes, please explain.*

Additional comments, if needed.

Print Name _____

Signature _____

Position/Title _____ Date _____

School Name _____

Email Address _____

Teacher Communication and Release of Information Authorization 1st – 6th

Parent: Please complete the “Student’s Name” and “Applying to Grade” info on the reverse of this form, as well as the information and signature below. Once completed, forward this document to your student’s current school and ask them to complete the recommendation and return it directly to us.

I hereby authorize the designated representative of my child’s current school to disclose freely information regarding my child in the context of admission into Calvary Chapel Christian School. I understand this information will be kept strictly confidential between both schools.

Date: _____

Student’s Name _____

Birth Date _____

Print Parent Name _____

Parent Signature _____

Return completed form to:

Calvary Chapel Christian School
Elementary Office 562.803.6556
12808 Woodruff Ave. Downey, CA 90242
jmclintock@calvarydowney.org

*“As for God, His way is perfect; the Word of the LORD is proven;
He is a shield to all who trust in Him.”*

2 Samuel 22:31