

Marshall Christian Academy

Confidential Teacher's Recommendation

Kindergarten, First and Second Grades

In order to complete this student's application this form must be completed by student's current or most recent teacher and mailed directly to Marshall Christian Academy. Parent must sign the waiver below before the form is filled out by the teacher or delivered in a sealed envelope.

Name of Applicant _____ Applying for **Kindergarten**
First Grade **Second Grade**

By signing below, I agree to waive my right of access to information provided to Marshall Christian Academy by the teacher who completes this form.

Signature of Parent/Guardian _____ Date _____

This child is applying for admission to Marshall Christian Academy. To assist the administration please complete this form. If you do not wish to complete this form, please check here ___ sign the form, note our telephone number and the Principal will contact you.

Would you please circle the response that best describes the current level of applicant's achievement in these areas:

C= Commendation for special effort and achievement

S= Satisfactory progress

N= Needs improvement or more effort if progress is to be consistent with ability and age.

		Circle Response		
Work Habits	1. Follows directions	C	S	N
	2. Completes tasks on time	C	S	N
	3. Works carefully	C	S	N
	4. Is attentive and listen carefully	C	S	N
	5. Is able to copy patterns	C	S	N
	6. Works independently	C	S	N
School Readiness	1. Respects property of others	C	S	N
	2. Enters into play with others	C	S	N
	3. Carries out responsibilities	C	S	N
Emotional Growth	1. Adjusts to new situations	C	S	N
	2. Exhibits respect for adults	C	S	N
	3. Shows self-confidence	C	S	N
	4. Exhibits self-control in the classroom	C	S	N
	5. Exhibits self-control on the playground	C	S	N
	6. Follows classroom rules	C	S	N

How would you evaluate the applicant's character? **Outgoing, extroverted**
Strong-willed **Without enthusiasm** **Quiet, introverted** **Circle Answer**

Does candidate have any outstanding abilities or deficiencies?

Yes No If yes, please explain.

Does the candidate have any significant limitations (physical, emotional, social)?

Yes No If yes, please explain.

Please check if candidate has ever been recommended for any of the following programs.

Gifted Learning Disabled Impaired Vision Speech Hearing

Comments:

Is candidate in good standing and eligible to continue for the next grade?

Yes No Not applicable

Comments:

Compared to other students, how would you rate this candidate?

One of the top few I've encountered in my career. Outstanding Excellent
Good(Above Average) Fair Weak Unable to rate

How would you rate parental involvement in their child's education?

Very cooperative Usually cooperative Rarely cooperative (difficult to work
with) Apathetic Never had any communication with the parents

Name (Please Print)

Signature

Date

School

Title/Subject

School year in which I
Taught this student

Street

City

State

Zip Code

Area Code & Telephone Number

Mail to:

Marshall Christian Academy
1631 Brashers Chapel Road
Albertville, Alabama 35951

www.marshallchristianacademy.com

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