

# TEACHER RECOMMENDATION



Students Entering 6<sup>th</sup> – 8<sup>th</sup> Grade

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Dear Teacher:

Please complete this form. The applicant's file will not be considered complete for our school without the return of this form. We appreciate your time and comments.

How long have you known this student? \_\_\_\_\_

Based on your personal experience and knowledge of this student, what is your assessment of his/her strengths and inclinations? Circle the appropriate responses below. Please comment on any number marked below 3.

	Below Average	Average	Above Average	Outstanding	
Academic Potential	1	2	3	4	_____
Academic Achievement	1	2	3	4	_____
Self-discipline	1	2	3	4	_____
Follows Directions	1	2	3	4	_____
Leadership Potential	1	2	3	4	_____
Personal Integrity	1	2	3	4	_____
Conduct and Discipline	1	2	3	4	_____
Respect for Authority	1	2	3	4	_____

Is this student on appropriate grade level? \_\_\_\_\_

How would you describe this student's strengths (academic, personal, etc.)? \_\_\_\_\_

How would you describe this student's weaknesses (academic, personal, etc.)? \_\_\_\_\_

Was there ever a reason to contact his/her parents? If so, why? \_\_\_\_\_

Please share any additional comments about this student: \_\_\_\_\_

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

Please email the completed form to Meridian Christian Academy at [meridianchristian.office@gmail.com](mailto:meridianchristian.office@gmail.com),

**Attention:** Admissions Office.

For all questions, please call 407-730-3470. Thank you for your time.