HORIZON

CHRISTIAN SCHOOL

Confidential Teacher Recommendation Form

Kindergarten, 1st and 2nd Grade

The student named below is applying for admission to Horizon Christian School. This form must be completed by the applicant's most recent primary classroom teacher.

Student Information:

Name of Student: _____ Applying for Grade: _____

Teacher Recommendation:

Please complete and return this recommendation directly to Horizon Christian School. Your evaluation will be an invaluable tool in the admission process, and the student's application will not be complete without the return of this form. Your remarks will be kept confidential. Thank you for your time.

1) What is your relationship to the student? _____
2) How Long have you known the student? _____
3) Please mark the response that best describes the applicant's current level of achievement in the following areas:

Work Habits	Outstanding	Satisfactory	Needs Improvement
Follows Directions			
Completes tasks on time			
Works Carefully			
Is attentive and listens			
Is able to copy patterns			
Works independently			

Work Habits	Outstanding	Satisfactory	Needs Improvement
Respects property of others			
Enters into play with others			
Carries out responsibilities			
Adjusts to new situations			
Exhibits respect for adults			
Shows self-confidence			
Exhibits self-control in the classroom			
Follows classroom rules			

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4) Is the applicant a student in good standing and eligible to continue to the next grade level? If no, please explain: _____
_____

5) Has there ever been a need for administrative involvement in disciplinary action regarding this student? If yes, please explain: _____
_____

6) Would this student be permitted to re-enroll in your school next year? If no, explain:
_____

7) What is your evaluation of the applicant's parental involvement in their education? (Involved, cooperative, supportive?) _____
_____

8) Does this student have any academic needs (i.e. oral exams, tutoring, etc.,); learning disabilities?
_____
_____

9) Has the applicant ever been recommended to a special program for any of the following?
Gifted_____ Learning Disabled_____ Impaired Vision_____ Speech_____ Hearing_____

Additional Comments:
_____
_____
_____

In Areas of:	I Recommend	I have Reservations	I do not Recommend
Personal Character			
Academics			
Overall			

Signature: _____ Printed Name: _____

Title: _____ Phone Number: _____

School:_____ Date:_____

Thank you for your time! Please return this evaluation form by one of the following methods:

Email: sellman@hcsindy.org Fax: 317-823-2396 Mail: Scott Ellman
School Admissions
Horizon Christian School
7702 Indian Lake Rd.
Indianapolis, IN 46236