

SCHOOL TEACHER RECOMMENDATION FORM

Shades Mountain Christian School ~ 2290 Old Tyler Road ~ Hoover, AL 35226 ~ (205) 978-6001 ~ Fax: (205) 978-9120

Full Name Of Student: _____ Grade To Enter: _____

My child is an applicant for admission to Shades Mountain Christian School. Please complete this confidential recommendation form and mail or fax it directly to SMCS. I waive my right to review the information you provide.

Parent Signature

Date

Name Of Reference: _____ Phone Number: _____

Name Of School: _____ Subject: _____

The above-named student is applying to Shades Mountain Christian School and is requesting your recommendation. Please answer the following questions truthfully, candidly, and as quickly as possible. The Admissions Committee will hold your responses in strict confidence. Please mail or fax this form directly to SMCS. Thank you for your cooperation.

How long have you known the applicant? _____

	Exceptional	Above Average	Average	Below Average
Academic Initiative				
Written Expression				
Oral Expression				
Attention Span				
Organizational Skills				
Grasps Concepts				
Cooperation				
Leadership				
Respect For Authority				
Moral Character				
Concern For Others				
Self-Discipline				
Emotional Maturity				

How has the student performed academically in relation to his/her potential? _____

Is the student in need of modification of his/her curriculum? _____

Please indicate any activities (school, church, and community) in which you know the student has participated with distinction. _____

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Describe the parents' involvement with the student's education and with the school. _____

Describe any special abilities or talents the applicant has. _____

Share with us about his/her attitude toward school in general. _____

We would appreciate any additional comments you would care to give on this student's academic ability or character.

Overall Recommendation For Admission:
 Recommend without reservation Recommend with reservation Cannot recommend

Teacher's Signature: _____ Date: _____