

# TEACHER RECOMMENDATION

FOR APPLICANTS WHO HAVE BEEN TAUGHT BY A CLASSROOM TEACHER



Please complete Section 1 and then ask a school teacher to complete Section 2.

## Section 1 (to be completed by the applicant's parent)

Applicant's Name: \_\_\_\_\_  
First Middle Last Suffix

### Wavier:

I, the undersigned, hereby voluntarily waive my right to inspect the content of this recommendation.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 2 (to be completed by the teacher)

1. In your opinion, what are the applicant's strong points academically?

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2. In your opinion, what are the applicant's weak points academically?

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3. How does the student perform on homework? Does he/she do it well? Does he/she turn it in on time?

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4. Do you know of any circumstance that may have negatively impacted this student's academic achievement?

(If yes, please explain) \_\_\_\_\_

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5. How would you describe the relationship between this student and his/her peers?

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6. How would you characterize your relationship with the student's parents/guardians?

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7. Please indicate your observations in the following areas of the applicant's life:

	Outstanding	Good	Concern	Problem	Unsure	N/A
Attitude Toward Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please comment on any area in question 7 that you marked "Concern" or "Problem."

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9. Do you recommend this student to Williston Central Christian Academy?

- Highly Recommend     Recommend     Recommend with reservations     Do not recommend  
 I would prefer to discuss this recommendation by phone

## Teacher Contact Information (to be completed by the teacher)

Teacher Name: \_\_\_\_\_ Position: \_\_\_\_\_

School Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit via (choose one):**

- Mail to**    *Williston Central Christian Academy*  
                  *Attn: Admissions Office*  
                  *225 SE 4<sup>th</sup> Street*  
                  *Williston, FL 32696*
- Fax to 352.529.0901**
- Scan and e-mail to admin@willistoncca.org**