

# HORIZON CHRISTIAN SCHOOL

## Confidential Teacher Recommendation Form Kindergarten, 1<sup>st</sup> and 2<sup>nd</sup> 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
<b>Follows Directions</b>			
<b>Completes tasks on time</b>			
<b>Works Carefully</b>			
<b>Is attentive and listens</b>			
<b>Is able to copy patterns</b>			
<b>Works independently</b>			

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

# HORIZON CHRISTIAN SCHOOL

- 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
<b>Personal Character</b>			
<b>Academics</b>			
<b>Overall</b>			

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