

HORIZON CHRISTIAN SCHOOL

Confidential Teacher Recommendation Form

3rd – 6th 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 rate the student's personal character and conduct in relation to his/her peers:

	Excellent	Above Average	Average	Below Average	Needs to Improve
Spiritual Maturity					
Classroom Behavior					
Cooperation w/ Adults					
Concern for Others					
Responsibility					
Self-Discipline					
Self-Esteem					

- 4) Please rate the Student's Academic Performance and Potential in Relation to his/her peers.

Work Habits	Excellent	Above Average	Average	Below Average	Needs to Improve
Motivation					
Work Habits					
Preparedness for Class					
Ability to work independently					
Ability to work w/ peers/groups					
Response to constructive criticism					
Written communication skills					
Overall academic achievement					

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- 5) Is the applicant a student in good standing and eligible to continue to the next grade level? If no, please explain: _____
- 6) Has the applicant ever been on disciplinary probation or been suspended while enrolled in your school? If yes, please explain: _____
- 7) Would this student be permitted to re-enroll in your school next year? If no, explain: _____
- 8) What is your evaluation of the applicant's parental involvement in their education? (Involved, cooperative, supportive?) _____
- 9) Does this student have any academic needs (i.e. oral exams, tutoring, etc.); learning disabilities? _____
- 10) 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