



Confidential Elementary Teacher Recommendation Form

Required for grades 2nd - 5th

Name of Student _____ Candidate for Grade _____

Parent or Guardian

Please write your child's name in the space above and read and sign the following before giving this form to your child's teacher.

I understand that the information furnished by the reference named below is confidential and will become the property of Northland Christian School. Furthermore, I waive all rights to examine the responses given.

Signature of Parent or Guardian

Teacher

Thank you for your time and care in completing this recommendation for the student named above. Your observations are held in complete confidence. Please check the appropriate boxes and include comments if you wish. Return the completed form directly to NCS by fax 281-440-7572 or mail (fax is preferred), **Attention: Admissions**. Admission decision cannot be made until student files are complete.

Superior Good Average Below Average Poor

Academic Performance

Reading skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prediction of applicant's success at next grade level at present speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you recommend this student for an advanced math or reading class?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Has outside help been recommended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Has outside help been given?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

If given, please comment on improvement needed: _____

Study Habits

Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pattern of completing work on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization/care of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation and drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Northland Christian School Admissions Office

(located at the Secondary Campus)

4363 Sylvanfield Houston, TX 77014 281-440-1060 Fax 281-440-7572

www.northlandchristian.org

1. Applicant's primary learning style(s) (auditory, visual, kinesthetic): _____
2. Greatest strengths, gifts and talents: _____

3. Learning differences or challenges (dyslexia, ADD, dysgraphia, etc.): _____

4. Diagnostic testing on file? Yes No
5. Parental expectations, support and attitude toward child: _____

6. Parental expectations and support of school: _____

7. Has the applicant had any counseling intervention? Yes No
Topics addressed and by whom: _____
8. Does the applicant participate in school related extracurricular activities? Yes No
9. Is applicant habitually tardy or absent? Yes No If yes, please elaborate: _____

10. Please describe any special teaching or testing accommodations/modifications that have been provided
for the student: _____
11. Are parents supportive of school policies? Yes No
Are parents responsive to school's suggestions? Yes No
If "No" to either please explain: _____

Please check one:

- Highly recommend Recommend Recommend with reservation Do not recommend
If this answer is "Do not recommend" or "Recommend with reservation," please explain:

If you have additional information that will be helpful to the Admissions Committee in evaluating the student's application, please comment here:

Teacher Name and Title: _____	Known student #of years: _____
Name of School: _____	Telephone#: _____
Signature: _____	Date: _____