TEACHER RECOMMENDATION

To be completed for 1st - 5th grade applicants



Parents: Please provide information in PCCA at address below.	top portic	on only. G	ive to you	ır child's	teacher to complete & return to
Permission to release information:				Date:	
		Parent signatu	re	-	
Student's Name:				_ Cu	rrent Grade:
LAST	FIRST			Те	acher:
Dear Teacher:					
The child named above has applied for admission to the address provided. Check one rating for each form, please check here, sign the form an address provided.	h area. If you	wish to disc	cuss this stud	dent persona	ally rather than completing this
AREAS TO EVALUATE	Poor	Average	Good	Excellent	Not Able to Comment
Academic ability	1 001	TTYTING	0000	Ziivoiivii	110011010 to Commission
Academic performance					
Motivation					
Attitude/Cooperation					
Maturity/Stability					
Conduct					
Ability to relate to peers					
Respect for adults					
Integrity					
Attendance					
Reading Comprehension					
Writing Skills					
Is the student on an IEP and/or receiving accommodations? If yes, please list:					
Is the student working on a modified curriculum? □ YES □ NO Is the student on grade level? □ YES □ NO					
Does the student have any significant limitations (physical, social, or emotional)?					
Is the student in good standing and eligible to return next year? ☐ YES ☐ NO					
If no, why not?					
Has there been a need for administrative involven	nent in discipl	linary action	with this stu	ıdent?	YES D NO
If yes, please explain.					
How would you rate the parents' involvement? □ Very cooperative □ Rarely cooperative □ Disinterested □ No communication with them					
Is this recommendation consistent with the students report card? \Box YES \Box NO					
Print your name		School Nam	ie		
S:					

Thank you for your assistance; your prompt response is much appreciated. If you have any questions, please call (407)313-7222 x1

Please return to: PCCA Admissions Office; 7101 Lake Ellenor Dr.; Orlando, FL 32809; fax 407-313-7226