



# Seattle Christian Schools

## Teacher Recommendation

### Grades 7-12

**Parents: Please have your child's current teacher or a teacher who knows your child well fill out this form.**

Name of Student \_\_\_\_\_ Grade applying for \_\_\_\_\_

The above named student desires to be a student at Seattle Christian Schools. Please complete and return this form in a sealed envelope at the earliest possible date. The information you provide will be kept confidential. Please return to:

**Seattle Christian Schools  
18301 Military Road S.  
SeaTac, WA 98188  
Fax: 206-246-9066  
Attention: Admissions**

1. How long have you known the applicant? \_\_\_\_\_
2. In what capacity have you known the applicant? \_\_\_\_\_
3. How would you describe this student's progress in school?  
\_\_\_\_\_  
\_\_\_\_\_
4. How would you describe this student as a learner?  
\_\_\_\_\_  
\_\_\_\_\_
5. What are this student's academic strengths and areas for growth?  
\_\_\_\_\_  
\_\_\_\_\_
6. What evidence could this student provide to demonstrate his/her learning?  
\_\_\_\_\_  
\_\_\_\_\_
7. Has the applicant, to your knowledge, ever been suspended or expelled from school or been in trouble with civil authorities? Yes \_\_\_ No \_\_\_ Don't know \_\_\_ If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_

*Please complete reverse side*

	Almost always	Often	Occasionally	Not Known
Completes work on time				
Is honest				
Shows respect for others				
Accepts criticism				
Shows self-control				
Is neat/organized				
Has good work habits				
Follows directions				
Is courteous				
Is obedient to authority				
Is self-disciplined				
Attends school regularly				
Demonstrates social skills				
Is punctual				

**FOR CHRISTIAN EDUCATORS ONLY**

Is interested in spiritual growth				
Shows an attitude of Christian love				

*Additional comments that you feel are important in the consideration of this applicant.*

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Please Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Occupation or Position \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

May we contact you if we need additional information? Yes \_\_\_\_\_ No \_\_\_\_\_