

HORIZON CHRISTIAN SCHOOL

Confidential Teacher Recommendation Form Kindergarten, 1st & 2nd 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
Follows Directions			
Completes tasks on time			
Works Carefully			
Is attentive and listens carefully			
Is able to copy patterns			
Works independently			

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

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- 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 the student have any academic needs (i.e., oral exams, tutoring, etc.); any learning disabilities?

- 9) Has the applicant ever been recommended to a special program for any of the following? If yes, which one? ___ 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: mmilford@hcsindy.org or **FAX:** 317-823-2396 or **Mail:** Mary Lyn Milford
 Director of Admissions
 Horizon Christian School
 7702 Indian Lake Rd.
 Indianapolis, IN 46236