

Danville Christian Academy

2170 Shakertown Road∞ Danville, Kentucky 40422∞ Phone 859-236-2177∞ Fax 859-236-6759

www.dcakv.org

Teacher Recommendation Form (Grade 4 — 12)

Family: Please fill in the top section of this form and pass it to your student's current teacher. When completed, the recommendation should be mailed directly to Danville Christian Academy's Admissions Office.

Student's Name _____ Grade Applying For _____

Parent(s) Name(s) _____

Family Address _____

Teacher: The student above has applied for admission to Danville Christian Academy. Please complete this form and return it, at your earliest convenience, to the Admissions Office. Thank you for your assistance.

Please respond to the following categories as they relate to the student. Please complete the evaluation relative to students of the same age.

	(Poor)		(Excellent)			Comments:
	1	2	3	4	5	
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Accepting Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Peer Influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Personal Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reading Skills/Interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Relationship with Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Has the student been suspended or expelled from your school? Yes No

What do you feel is the greatest strength of this student? _____

What do you feel is the greatest weakness of this student? _____

Would you recommend this applicant for admission to Danville Christian Academy?

Strongly recommend Recommend Recommend with reservation Do not recommend for admission

Teacher's

Name _____ Position _____

School Name _____

School Address _____

Signature _____ Date _____

*Please use the back of this form for any additional comments.