



Integrating Classical Education with A Biblical Worldview

K-1 Teacher Recommendation Form

PARENTS: Please print your child's name and grade information in the space provided and give this form to your child's current teacher. Attach a stamped envelope addressed to:

**Haw River Christian Academy, Attn: Director of Admissions
2428 Silk Hope Gum Springs Road
Pittsboro, N.C. 27312**

Full Name of Student _____ Age _____ Current Grade _____ Applying Grade _____

TO THE TEACHER: The student named above is applying for admission to Haw River Christian Academy. Your assistance is requested to provide information so that we may learn more about the student. Your responses will be kept **confidential** and will serve as an important component of the application. Please return this form in a timely manner.

Name of Teacher _____ Title _____ Name of School _____

Please place check marks in the column that best represents your evaluation of the student.

SOCIAL SKILLS	SUPERIOR	EXCELLENT	GOOD	FAIR	POOR
Participates in group activities					
Enters new activities enthusiastically					
Respects feelings and property of others					
Responds to environment with minimal anxiety					
Expresses self effectively					
Solves problems without verbal or physical aggression					
Interacts well with peers in unstructured play					
Makes the transition easily from one activity to another					
Is able to wait his/her turn					

CHARACTERIZE THIS CHILD'S	SUPERIOR	EXCELLENT	GOOD	FAIR	POOR
Large motor skills					
Small motor skills					
Vocabulary development					
Speech articulation					

EMOTIONAL PROFILE	SUPERIOR	EXCELLENT	GOOD	FAIR	POOR
Separates easily from parents					
Requires minimal reassurance or attention from teacher					
Appears relaxed and open with others					
Is not overly fearful					
Is confident with peer relationships					
Stands up for his/her own rights					
Accepts limits imposed by adults					
Uses classroom materials responsibly					
Speaks or behaves with minimal impulsivity					
Self-monitors behavior					

EDUCATIONAL SKILLS	SUPERIOR	EXCELLENT	GOOD	FAIR	POOR
Follows directions					
Follows established classroom routines					
Attends to tasks					
Has appropriate listening skills					
Maintains attention in groups					

1. How long have you taught this student? _____

2. What are the child's:

Strengths: _____

Weaknesses: _____

Special Needs: _____

3. To your knowledge, has this student received any resource help, evaluations, or special services for either enrichment or remedial purposes? Yes (Please explain.) No

4. Recommended placement for next year: Pre-K Kindergarten First grade

5. Have you shared this information with the parents? Yes No

6. I recommend this candidate: Enthusiastically Confidently With reservation I do not recommend.

Additional comments are welcome. Please provide on an additional sheet of paper with this form.

Thank you for taking the time to complete this evaluation.

Signed Date Email Address

Mailing Address City/State/Zip Code Telephone