

Teacher Recommendation

Elementary: 1 Recommendation due; MS or HS: 2 Recommendations due (Eng & Math)

Mail to: Registrar, 18550 Farjardo St., Rowland Heights, CA 91748

Or Email to: registrar@southlandscs.com

Or FAX to: 909-468-9943

Name of Applicant _____ Grade Applying For _____

This form is to be completed by school officials ONLY; English and Math teachers are requested for secondary students. The evaluation will be used by persons on the Admissions Committee Thank you for your time in preparing this report. Your carefully considered judgment will have a direct bearing on this student's acceptance.

School _____ Date Student Entered _____

School Address _____

Teacher Name & Subject: _____

STUDENT RATING	EXCELLENT	GOOD	AVERAGE	POOR
Motivation: Committed to learning; attentive to goals; inclined to complete tasks; works beyond minimal expectations				
Sense of Responsibility: Concerned with welfare and rights of others; respects other's and school's property; follows school rules and regulations				
Personal Relationships: Works well in groups; liked by students/adults; relates to peers and adults in a respectful manner				
Initiative and Leadership: Often called upon to lead group activities; voluntarily participates in class and co-curricular activities.				
Cooperation				
General Conduct/Effort				
Work and Study Habits				

Comments on the above areas: _____

Attendance at school: Number of absences: _____ Number of tardies: _____

1. If this student is in any advanced sections or programs in your school, please explain:

2. In which areas do you feel this student needs improvement? _____
3. Has the student been recognized for any outstanding academic, athletic, and/or artistic performance?

TEACHER RECOMMENDATION CONT'D

4. Please list any special health problems: _____

5. Has the student been subjected to any serious disciplinary procedure? Yes No

Explain: _____

6. Is there any additional information that you think might or should influence our decision about this student? _____

5. Have you ever known the applicant to smoke, drink or use drugs? Yes No

Explain: _____

8. To your knowledge, is the applicant's family involved in the applicant's education? _____

9. How long have you known the applicant? _____

10. Are you related to the applicant? _____

Recommendation:

Academically

Personally

- 1. I strongly recommend this student
- 2. I recommend this student
- 3. I recommend with reservations

-
-
-

-
-
-

Explain: _____

4. I do not recommend this student

Explain: _____

5. Please call the Principal at _____

Explain: _____

Teacher Name _____

Teacher Signature _____

Subject _____

Work Phone Number _____

SUBMIT DIRECTLY TO SOUTHLANDS CHRISTIAN AT THE CONTACT INFO ON REVERSE SIDE