



**Castle Christian School
TEACHER RECOMMENDATION FORM**

Parents: *If your child has previously attended school, a teacher recommendation form is required from one of your child's teachers as part of the application packet. Please give this form to your child's teacher for completion. *** PLEASE PROVIDE A STAMPED ENVELOPE ADDRESSED TO:*

*Castle Christian School
PO BOX 41
Fairfield VA 24435*

Student's Name _____ **Current Grade** _____

TO THE TEACHER: *Please complete the following recommendation form for the above mentioned student who is applying for admission to Castle Christian School. Thank you in advance for taking the time to provide helpful information. Please return this form in the stamped envelope provided as soon as possible. A student application is not complete without your form.*

Name of Teacher : _____ **School:** _____

Please place a check mark in the column that best represents your evaluation of this student.

	Superior	Excellent	Good	Fair	Poor
Maintains appropriate attention.					
Listens without interrupting.					
Gets along well with peers.					
Follows directions.					

	Superior	Excellent	Good	Fair	Poor
Follows classroom & school rules.					
Responds positively to correction.					
Is respectful to teachers and other adults.					
Puts forth best effort.					
Exercises self control.					
Attendance					
Discipline					
Overall academics					

Please check one to indicate academic performance:

	Below Grade level	On grade level	Above Grade level
Reading Performance			
Writing Performance			
Math Performance			

Does this student have any outstanding abilities? (Please describe)

Does this student have any significant behavior or academic challenges? (Please describe)

Does this student have a current IEP or is currently being assessed for Special Education Service? YES NO

Has any disciplinary action ever been taken regarding this student?

Yes (Please explain) No

How would you rate parent / guardian support ?

Excellent Good Fair Poor

Is there any additional information that you think would be helpful for us to know about this student?

_____ (Teacher Signature/ date)

Email: _____

Thank you very much for taking the time to complete this evaluation!!