

IMPACT CHRISTIAN ACADEMY - TEACHER RECOMMENDATION

Dear Teaching Professional,

The student referenced in the email is applying for admission to Impact Christian Academy. Your evaluation of the student is an invaluable tool in the admissions process. Our applicant's file is not complete without your help in the completion of this form.

Thank you in advance for your time and comments.

Please provide the following information:

Student's Full Name: _____

Student's Current Grade: _____

Indicate your preference: This information may or may not be shared with parents:
May be shared with parents _____ May not be shared parents _____

Circle the response that best describes the family of the student:

Supports Student: Exceptional Above Average Average Poor Fair

Supports School: Exceptional Above Average Average Poor Fair

Circle the response that best describes these personal attributes of the student:

Peer Relationships: Exceptional Above Average Average Poor Fair

Respect for Authority: Exceptional Above Average Average Poor Fair

Responsibility: Exceptional Above Average Average Poor Fair

Creativity: Exceptional Above Average Average Poor Fair

Conduct: Exceptional Above Average Average Poor Fair

Interest in Non-Academic Activities: Exceptional Above Average Average Poor Fair

Leadership: Exceptional Above Average Average Poor Fair

Circle the response that best describes the study skills of the student:

Effort: Exceptional Above Average Average Fair Poor

Assignments

Completed on Time: Exceptional Above Average Average Fair Poor

Works Well

Independently: Exceptional Above Average Average Fair Poor

Attention Span: Exceptional Above Average Average Fair Poor

Comments: _____

Choose the response that best describes the academic performance of the student:

Problem Solving: Exceptional Above Average Average Fair Poor

Procedure: Exceptional Above Average Average Fair Poor

General Knowledge: Exceptional Above Average Average Fair Poor

Comments: _____

Choose the response that describes the student in regards to:

Health: Exceptional Above Average Average Fair Poor

Attendance: Exceptional Above Average Average Fair Poor

Would you recommend this student for honors level coursework? Yes No

If yes, which subjects: _____

Is this student eligible for the following:

Passing to the next grade: Yes No

Returning to your school: Yes No

How long have you personally know this student? _____

Does student have any significant limitations (physical, social, mental, emotional)?

Yes No

If yes, please explain: _____

Has the student received or receiving outside support? Yes No

If yes, please explain: _____

Has outside support been suggested to the parents? Yes No

If yes, please explain: _____

Are you aware of any circumstances that may affect the student's success in school?

Yes No

If yes, please explain: _____

Has the student been sent to the office for disciplinary problems? Yes No

If yes, please explain: _____

Please provide the following to serve as your electronic signature:

Name: _____

Signature: _____ Date: _____

Your Position: _____

Email: _____

Name of School: _____

Address: _____

City, State, Zip: _____

Phone: _____

Date Completed: _____

If you have any additional comments, please feel free to share: _____

Thank you again for your assistance. Your input is extremely appreciated.

**Impact Christian Academy
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