

Applicant:

Put your name on this recommendation and give to your teacher.

# CITY CHRISTIAN SCHOOLS TEACHER RECOMMENDATION

**FOR OFFICE USE ONLY**

Date received \_\_\_\_\_

Evaluation \_\_\_\_\_

The following student has made application to City Christian Schools. We would appreciate your careful analysis of the student's academic performance.

Student's Name \_\_\_\_\_

Please rate student by checking one in each category:

	Excellent	Good	Fair	Poor
Reading ability				
Writing ability				
Ability to work independently				
Study habits				
Initiative/Motivation				
Attitude/Citizenship				

Highly Recommended

Recommend with Reservation

Recommended

Do Not Recommend

Does the student have any academic/behavioral weaknesses of which you are aware?

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**Comments:** (Please feel free to add observations which will assist us in determining this student's potential for success at City Christian Schools.)

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Teacher's Signature \_\_\_\_\_ School \_\_\_\_\_

Check if you wish us to call:

Phone (\_\_\_\_\_) \_\_\_\_\_

**TEACHER: PLEASE RETURN THIS FORM TO:**

**Principal  
City Christian Schools  
9200 NE Fremont St.  
Portland, OR 97220  
FAX: (503) 257 – 2221**