

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
- Recommended
- Recommend with Reservation
- Do Not Recommend

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

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

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