

Lincoln Christian School

Teacher Recommendation Form

This Teacher Recommendation Form is to be filled out for all students, except those applying for Pre-K or Kindergarten (if a pre-kindergarten program was not attended), by a regular classroom teacher who knows the applicant well.

Applicant's Name: _____ Grade in 11/12: _____

To the Parents: Please print the applicant's name and grade to enter in 2011/2012 above, sign the waiver below, and provide a stamped envelope addressed to Lincoln Christian School, Service Center, P.O. Box 770, Tulsa, OK 74101-0770 to the teacher completing this form.

If you home school and your child has no other teacher reference, please complete this form with as much objectivity as possible and sign as both parent and teacher. If you have participated in a home school co-op, however, please seek an outside reference.

I release all such references from liability for any damage that may result from furnishing such evaluations of my child to Lincoln Christian School, and I waive any right that I have to inspect the references provided on my child's behalf.

Parent's Signature: _____ Date: _____

To the Teacher: The student named above is applying for admission to Lincoln Christian School. Please complete this recommendation carefully and mail it directly to the Service Center of Lincoln Christian School within ten working days. This recommendation form can also be faxed to our Service Center at (918) 234-8152.

1. How long have you known the applicant? _____

2. Check the terms which best describe the applicant's attitude toward school and school activities:

- | | | |
|---------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Optimistic | <input type="checkbox"/> Pessimistic | <input type="checkbox"/> Consistent |
| <input type="checkbox"/> Respectful | <input type="checkbox"/> Critical | <input type="checkbox"/> Inconsistent |
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Passive | <input type="checkbox"/> Other _____ |

3. How would you characterize the relationship that you have with this child's parent(s) or guardians(s)? _____

4. Would you be eager to have the opportunity to be this child's teacher again? Please explain.

5. Applicant's influence on his/her peers is: Positive Neutral Negative

6. How do you rate this applicant in the following areas?

	Excellent	Above Average	Average	Below Average	Poor	No Chance To Observe
Social Adaptability						
Cooperativeness						
Integrity and Honesty						
Responsibility						
Physical Health						
Initiative						
Character						
Emotional Stability						
Personal Stability						
Personal Appearance						
Leadership						
Responds to Authority						
Handles Correction						

7. In your opinion, what are the applicant's strong points academically: _____

8. In your opinion, what are the applicant's weak points academically: _____

9. Further comments you have regarding the applicant that would help our evaluation:

10. I recommend. I recommend with reservation. I do not recommend.

Please print the information requested below:

Name: _____ Phone: _____

School: _____

Teaching Assignment: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date: _____