

Desert Chapel Christian School

STUDENT RECOMMENDATION FORM

ACADEMIC REVIEW TO BE COMPLETED BY A TEACHER, SCHOOL ADMINISTRATOR, OR COUNSELOR

PERSONAL REFERENCE TO BE COMPLETED BY A FAMILY FRIEND, PASTOR, COACH OR OTHER (NON-RELATED) INDIVIDUAL WHO KNOWS THE STUDENT WELL

Student Name: _____

Applying for Grade: _____

School Year: _____

The student named above has applied for admission to Desert Chapel Christian School. In helping us to make an evaluation of this applicant, we ask that you fill out this form to the best of your knowledge. We will appreciate your careful consideration of his or her intellectual and personal qualities, as your recommendation will be a very important part of our evaluation and will be kept in the strictest of confidence.

PLEASE RETURN THIS FORM DIRECTLY TO DESERT CHAPEL CHRISTIAN SCHOOL.

CHARACTERISTICS:

From the list below, choose THREE words that best describe the applicant. Please circle your choices.

Agreeable	Disobedient	Humorous	Patient	Troubled
Aggressive	Distractible	Hyperactive	Perfectionist	Trustworthy
Ambitious	Energetic	Industrious	Prompt	Untrustworthy
Athletic	Generous	Late	Rebellious	Underachiever
Attentive	Happy	Lazy	Slow	Other: _____
Consistent	Healthy	Obedient	Sneaky	_____
Daydreamer	Honest	Overachiever	Supportive	_____

ACADEMIC WORK:

Compared to all students this age with whom you have dealt, please rate this student in the following areas:

	Truly Outstanding	Excellent	Good	Average	Below Average	Poor	Not Known
Reading Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL QUALITIES

Compared to all students this age with whom you have dealt, please rate this student in the following areas:

	Truly Outstanding	Excellent	Good	Average	Below Average	Poor	Not Known
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tolerance of Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect of Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian Values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship w/Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choice of Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

The following space may be used to briefly share any comments you feel would help us in making a decision regarding the candidate:

RECOMMENDATION:

How do you recommend this candidate for admission to Desert Chapel Christian School?

With Enthusiasm_____ With Confidence_____ With Reservations_____ Not Recommended_____

Comments:

In what capacity do you know this candidate? _____

How long have you known the candidate? _____

Your Name: _____ Title: _____ Address: _____

School/Church Name: _____ Address: _____

Your Signature: _____ Date: _____

Phone Number: _____ Email: _____