COUNSELOR OR ADMINISTRATOR RECOMMENDATION

Plymouth Christian ACADEMY
A Ministry of Calvary Baptist Church
43065 Joy Road
Canton, MI 48187

Seventh through Twelfth Grades

RETURN TO: Secondary Office/STUDENT RECORDS
FAX: 734-459-9997
PHONE: 734-459-3505

Name of Student:_____Candidate for Grade:_____

Parent or Guardian: Please write your student's name and grade in the space above. Read and sign the following before giving to your student's Counselor or Administrator. *(Advise them to **return it to P.C.A. via FAX** if possible, or provide an envelope and affix postage before giving it to the Counselor or Administrator).*

I understand and agree that the information contained on this recommendation form is confidential and will be used only in the selection of candidates and will not become part of the candidate's permanent file. I also agree that this completed form will not be available to candidates, parents, or anyone outside of the Admissions Committee, and I hereby waive any right that I may have to see it.

Parent/Guardian Signature:_____Date:_____

This student's acceptance will be probationary until this form is received in the Admissions Office.

Counselor or Administrator: Please complete and return this form ***(via FAX is preferable) WITHIN ONE WEEK.*** As a current Counselor or Administrator, please evaluate the candidate based on your direct knowledge of him or her. Keep in mind that the applicant should be evaluated according to others of the same chronological age. The members of the Admissions Committee thank you for your interest, cooperation, and honesty. Please check the appropriate boxes and include comments. **Your comments will be held in strict confidence**.
This student's acceptance will be probationary until this form is received in the Admissions Office.

1. Has the student ever repeated a grade? _____Yes _____No If yes, what grade? _____

2. Has the student been sent to your office for disciplinary problems? _____Yes _____No
   If yes, please explain _____

   _____

3. Has the student ever been suspended from school for any reason? _____Yes _____No

   If yes, please explain: _____

4. Has the student been expelled and therefore, not eligible to return next year? _____Yes _____No

5. Has the student been in honors or advanced classes? _____Yes _____No

   If yes, in what areas? _____

6. Does the student have any academic weaknesses? _____Yes _____No

   If yes, in what areas? _____

7. Does the student have any clinically evaluated/diagnosed learning disabilities? _____Yes _____No

If yes, please explain:_____

8. Has the student been evaluated/diagnosed for ADD/ADHD? _____Yes _____No

If yes, please explain: _____

9. Has additional special testing or tutoring been recommended at any time? _____ Yes _____ No

If yes, please explain: _____

10. Please comment on parent cooperation with the school: _____

_____

Circle the words that best describe this applicant:

Aggressive	Honest	Immature	Disobedient	Self-disciplined
Oppositional	Mature	Vivacious	Manipulative	Conscientious
Over-protected	Social	Cheerful	Self-centered	Follower
Shy	Confident	Irritable	Easily discouraged	Perfectionist
Helpful	Witty	Responsible	Motivated	Positive leader
Anxious	Articulate	Well-liked	Organized	Negative leader

11. Is student habitually tardy or absent? _____ Yes _____ No *If yes*, please elaborate:

_____

12. If you have additional information that will be helpful to the PCA Admissions Committee in evaluating this candidate's application, please comment. If needed, use another sheet of paper.

_____

_____

13. Is there anything regarding the family that would be helpful for us to know?

_____

14. ☐ ***Please call me for additional information regarding this applicant***

CHECK ONE:

_____Highly recommend _____Recommend _____Recommend with reservation _____Do not recommend

If this answer is "Do not recommend" or "Recommend with reservation", please explain:

_____

ALL FEES & TUITION ARE CURRENT _____YES _____NO

Signature of Counselor/Administrator (*please circle one*): _____

Name of School: _____ Phone:_____

School Address: _____

City, Zip: _____

Counselor/Administrator E-mail Address: _____

Date:_____