

TEACHER, COUNSELOR OR PRINCIPAL RECOMMENDATION



PLYMOUTH CHRISTIAN
ACADEMY

Seventh through Twelfth Grades

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

RETURN TO: Admissions Office
FAX: 734-459-9997
PHONE: 734-459-3505 ext. 3190

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 Teacher, 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 school official*).

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.

School Official: Please complete and return this form (*via FAX is preferable*) **WITHIN ONE WEEK**. As a current school representative, 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 the 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: _____

GENERAL ACADEMIC ABILITY:

Please check one: ____ Superior ____ High Average ____ Average ____ Below Average

ACADEMIC SKILLS:

	<i>Consistently</i>	<i>Usually</i>	<i>Sometimes</i>	<i>Seldom</i>	<i>Not Observed</i>
Listens to and follows teacher's directions					
Demonstrates an appropriate attention span					
Exhibits good study habits					
Demonstrates ability to work independently					
Perseveres in spite of difficulty					
Works cooperatively					
Completes assigned tasks					
Exhibits problem solving abilities					
Expresses written ideas clearly					
Expresses verbal ideas clearly					
Plans and uses time well					
Is intellectually curious					
Is prepared for class					

SOCIAL SKILLS:

	<i>Consistently</i>	<i>Usually</i>	<i>Sometimes</i>	<i>Seldom</i>	<i>Not Observed</i>
Responds positively to constructive criticism					
Establishes friendships easily and is considerate of others					
Demonstrates emotional maturity that is age appropriate					
Is respected by faculty					
Is respected by peers					
Respects others					
Demonstrates self-control					
Takes responsibility for belongings					
Is cooperative in a group					
Demonstrates appropriate behavior					
Exhibits emotional maturity					
Is a positive influence on peers					
Takes pride in appearance					

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 the 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:

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

Name of School: _____ Phone: _____

School Address: _____

City, Zip: _____

E-mail Address: _____

Date: _____