

# SCHOOL RECOMMENDATION FORM



PLYMOUTH CHRISTIAN  
ACADEMY

GRADES 7-12

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

RETURN TO: Admissions Office  
(admissions@plymouthchristian.org)  
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 Teacher, 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 application is not complete until this form is received in the Admissions Office.***

**Teacher, Counselor or Administrator:** Please complete and return this form **WITHIN ONE WEEK**. As a current Teacher, 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 Admissions Committee thanks you for your time and honesty. Please check the appropriate boxes and include comments. **Your comments will be held in strict confidence.**

***This student's application is not complete 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 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:  
\_\_\_\_\_

Name of Teacher/Counselor/Administrator ( <i>please circle one</i> ): _____	
Name of School: _____	Phone: _____
School Address: _____	
City, Zip: _____	
E-mail Address if we have further question: _____	
Date: _____	