



# Texoma Christian School

## TEACHER RECOMMENDATION Elementary Applicant Grades 1-5

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

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Candidate for what grade \_\_\_\_\_ Date \_\_\_\_\_

Please make the following ratings as you can in comparison with other students you have taught. Your evaluation will be given full consideration and kept confidential. Thank you for your help.

- Outstanding = 1
- Excellent = 2
- Good = 3
- Fair = 4
- Poor = 5

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|--|--|
| <input type="checkbox"/> Academic ability                | <input type="checkbox"/> Creativity, original thinking     |
| <input type="checkbox"/> Academic performance/motivation | <input type="checkbox"/> Study habits/organization         |
| <input type="checkbox"/> Follows directions              | <input type="checkbox"/> Ability to work independently     |
| <input type="checkbox"/> Conduct/integrity               | <input type="checkbox"/> Participation in class discussion |
| <input type="checkbox"/> Attention skills                | <input type="checkbox"/> Intellectual curiosity            |
| <input type="checkbox"/> Cooperation                     | <input type="checkbox"/> Initiation in seeking help        |
| <input type="checkbox"/> Concern for others              | <input type="checkbox"/> Oral expression of ideas          |
| <input type="checkbox"/> Maturity/stability              | <input type="checkbox"/> Reading skill                     |
| <input type="checkbox"/> Warmth                          | <input type="checkbox"/> Problem solving                   |
| <input type="checkbox"/> Mathematics skills              | <input type="checkbox"/> Large motor development           |
| <input type="checkbox"/> Small motor development         | <input type="checkbox"/> Sense of humor                    |
| <input type="checkbox"/> Self-confidence                 |  |

Please comment on this child's personality and character.

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Briefly comment on this student's strengths and abilities.

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