

Northshore Christian Academy

Teacher Recommendation Form: 2nd – 5th Grades

A Ministry of Northshore Christian Church ~ www.northshorechristianschools.org
 5700 – 23rd Drive West ~ Everett ~ WA ~ 98203
 Phone: (425) 407-1119 Fax: (425) 322-2386



Thank you for taking the time to complete this evaluation. We find candid evaluation helpful to the admissions process. Please complete this confidential recommendation form and return it directly to Northshore Christian Academy. This information is for admissions use only and will not be part of the student's permanent record. Your professional opinion is extremely helpful in evaluating this candidate.

Name of Applicant: _____ Applying for Grade: _____
(Last Name) (First Name)

ACADEMIC PERFORMANCE	Superior	Good	Average	Below Average	Poor
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Language Arts

Oral Language Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decoding/Word Attack Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Comprehension Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mathematics

Math Facts/Computation Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math Concept Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Class Participation

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Tutoring

Has additional tutoring or outside help been recommended? LANGUAGE ARTS _____ MATH _____

Has additional tutoring or outside help been given? LANGUAGE ARTS _____ MATH _____

Have any modifications been made to the applicant's academic program to help him/her cope with learning differences? YES or NO (*circle*)

STUDY HABITS	Superior	Good	Average	Below Average	Poor
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Motivation / Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pattern of Completing Work on Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL CHARACTERISTICS	Superior	Good	Average	Below Average	Poor
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Attitude Towards Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assumption of Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship and Peers	<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"/>



Please comment briefly about:

1. Applicant's greatest strengths and/or talents:

2. Special areas that may need to be addressed:

3. Applicant's maturity level as compared to others in the same grade level:

4. Any behavioral / discipline issues:

5. Parent information: *(Please circle)*

Cooperation with faculty	Always	Sometimes	Rarely
Expectations of student	Realistic	Unrealistic	Unknown
Participation in student's education	Overly involved	Appropriately involved	Rarely involved

Teacher's Name: _____ Date: _____

Title/Position: _____ Phone: _____

School: _____

Thank you for your assistance in providing us with information.

Please send completed form via one of the following options:

Fax to: 425.322.2386

Email a scanned copy to: dchristian@northshorechristian.org

Mail to: **Northshore Christian Academy**

Attn: Director of Admissions

5700 – 23rd Drive West

Everett, WA 98203