

# Northshore Christian Academy

## Teacher / Principal Recommendation Form: Middle School



A Ministry of Northshore Christian Church ~ www.northshorechristianschools.org  
 5700 – 23<sup>rd</sup> 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)

**Please circle the answer that best describes the applicant.**

	EXCEEDS EXPECTATIONS	MEETS EXPECTATIONS	DOES NOT MEET EXPECTATIONS
Academic Ability	Fine student. Does good to exceptionally good work.	Average student. Capable of grade level work.	Marginal ability. May be academic risk.
Academic Potential	Strives to fulfill potential. Challenges self.	Works to the best of his/her ability.	Quality of work is often below potential.
Initiative / Drive	Self motivated.	Generally strong.	Occasionally weak or lacking.
Leadership Qualities / Character	Shows marked leadership qualities. Strong personal character.	Potential leadership qualities. Good personal character.	Weak leadership qualities. Poor personal character.
Study Habits	Uses spare time wisely. Attentive in class. Takes academics seriously.	Needs some teacher direction. Usually on task. Completes assignments.	Often distracted. Wastes time. Produces incomplete assignments.
Emotional Maturity	Well balanced. Exceptional conduct.	Usually well balanced. Fairly mature. Good conduct.	Marked immaturity. Disruptive

Where would you place applicant's current academic performance?

\_\_\_\_\_ Below grade level          \_\_\_\_\_ On grade level          \_\_\_\_\_ Above grade level

Please comment: \_\_\_\_\_

MARK (X)	YES	NO	SOMETIMES
Student has problems accepting authority			
Student requires close supervision			
Student needs firm and definite behavior guidelines			
Student is in good standing and eligible to re-enter your school at the next grade level			
Student has been suspended or excluded from your school			
Student has physical, social or emotional limitations			
Student's parents are cooperative			
Student has had academic accommodations or modifications			



Please add any comments which you feel might be helpful.

What words or phrases immediately come to mind when describing this student?

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](mailto:dchristian@northshorechristian.org)

Mail to: **Northshore Christian Academy**

Attn: Director of Admissions

5700 – 23<sup>rd</sup> Drive West

Everett, WA 98203