

Grace Christian School ~ Grades 7<sup>th</sup> through 12<sup>th</sup>  
 CONFIDENTIAL TEACHER RECOMMENDATION

**MATH**

This student has applied for admission to

Grace Christian School in grade \_\_\_\_\_ for the academic year \_\_\_\_\_ - \_\_\_\_\_.

Student's Name \_\_\_\_\_  
*Last* *First* *Middle Initial*

In what capacity and for how long have you known the applicant? \_\_\_\_\_  
 \_\_\_\_\_

*Please circle the box that best describes the applicant. Your candid estimate of the applicant will be of invaluable assistance to the faculty and the Admissions Committee. Your comments will be held in strict confidence.*

<b>ACADEMIC POTENTIAL</b>	Exceptionally promising student	Generally strong student	Average student capable of satisfactory work	Below average: ( ) marginal ability ( ) lacks motivation	Questionable candidate
<b>CHARACTER</b>	Outstanding – leads and participates	Generally strong	Average	Below average	Serious concerns
<b>EMOTIONAL STABILITY</b>	Exceptionally stable	Well balanced	Generally well balanced	( ) excitable ( ) unresponsive ( ) distractible	( ) hyper emotional ( ) apathetic
<b>RESPONSIBILITY</b>	Exceptional, Independent	Above average	Average	Has difficulty completing: ( ) assignments ( ) other tasks	Needs constant reminders
<b>SUMMARY</b>	Outstanding	Above average	Average	Below average	Poor

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Outstanding talents/accomplishments or reservations not covered by above categories: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Teacher's Signature \_\_\_\_\_ Title \_\_\_\_\_

Please print name \_\_\_\_\_ Phone \_\_\_\_\_

Name of School \_\_\_\_\_

Address of School \_\_\_\_\_

THANK YOU FOR YOUR ASSISTANCE. Please return this completed form to:

Director of Admissions  
 Grace Christian **Middle** School  
 511 Thornrose Ave.  
 Staunton, VA 24401  
 Phone (540) 886-0937 Fax (540) 886-2761

Director of Admissions  
 Grace Christian **High** School  
 19 S. Market St.  
 Staunton, VA 24401  
 Phone (540) 886-9109 Fax (540) 886-5958