



**G R A C E  
CHRISTIAN  
SCHOOL**

## Elementary Teacher Recommendation Kindergarten - 5th Grade

\_\_\_\_\_ has applied for admission to Grace Christian School for grade \_\_\_\_.

The following information is helpful in determining acceptance and placement in our program.

**THIS SECTION TO BE COMPLETED BY TEACHER or COUNSELOR**

**Attendance:** Satisfactory \_\_\_\_\_ Unsatisfactory \_\_\_\_\_ (If unsatisfactory, please attach an attendance record)

**Please evaluate the following areas using this scale:** E = Excellent G = Good F = Fair U = Unsatisfactory

General Attitude _____	Cooperation _____	Effort _____
Classroom Conduct _____	Respects Authority _____	Shows Initiative _____
Takes Pride in Work _____	Completes Assignments _____	School Study Habits _____
Home Study Habits _____	Relationship with Teacher _____	Relationship with Peers _____

**Based on the work that this student has completed in your school, please rate the student's overall progress:**

\_\_\_\_\_ Outstanding Student      \_\_\_\_\_ Above Average Student      \_\_\_\_\_ Average Student  
 \_\_\_\_\_ Low Average Student      \_\_\_\_\_ Working Below Grade Level - specify content area(s): \_\_\_\_\_

**Has this student ever been recommended or identified as needing:**

Psychological Testing/Counseling	Yes _____	No _____	Special Education	Yes _____	No _____
IEP or 504 Plan	Yes _____	No _____	SST/RTI	Yes _____	No _____
Gifted Program	Yes _____	No _____	Grade Retention	Yes _____	No _____
Language-Speech/Hearing	Yes _____	No _____	ESL Education	Yes _____	No _____

If yes for any item, please list grade and explain: \_\_\_\_\_

Please provide any other information which will assist us in our acceptance of this student: \_\_\_\_\_

Signature of Teacher/Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Please mail to:</b>	<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>
Grace Christian School	540-886-0937	540-886-2761	admissions@gcswarriors.org
Attention: Admissions			
511 Thornrose Avenue			
Staunton, VA 24401			