



FOOTHILL
CHRISTIAN SCHOOL

2nd – 5th Grade Student Recommendation

Name of Applicant _____ Applying for Grade _____

The above named applicant is applying for admission to our school. This evaluation can be completed by a principal or classroom teacher. The evaluation will be used by persons on the Admissions Committee and will not become part of the student's cumulative folder; therefore, this form will not be open to general review. Thank you for your time in preparing this evaluation. If you prefer to contact us regarding this student, feel free to do so.

School _____ Date Student Enrolled _____

A. Student Character

In relation to other students in the applicant's age group, please check the appropriate box for each item below.

Student Rating	Excellent	Good	Average	Poor
Motivation: Committed to learning; attentive to goals; inclined to complete tasks; works beyond minimal expectations				
Sense of Responsibility: Concerned with welfare and rights of others; respects other's and school's property; follows school rules and regulations				
Personal Relationships: Works well in groups; liked by students/adults; relates to peers and adults in a respectful manner				
Initiative and Leadership: Often called upon to lead group activities; voluntarily participates in class and co-curricular activities				
Cooperation				
General Conduct/Effort				
Work and Study Habits				

Comments on the above area(s): _____

B. Academic Performance

Attendance at school: Number of absences _____ Number of tardies _____

1. If this student is in any advanced sections or programs in your school, please explain _____

2. In which areas do you feel this student needs improvement? _____

3. Has the student been recognized for any outstanding academic, athletic, and/or artistic performances?

4. Has this student been assigned to an IEP or remedial services? _____ Yes _____ No

5. Has the student been subjected to any serious disciplinary procedures (i.e., suspension, expulsion etc.)
 _____ Yes _____ No Explain _____

6. Is there any additional information that you think might or should influence our decision about this student?

C. Recommendation:

- | | Academically | As a Person |
|--|--------------|-------------|
| 1. I strongly recommend this student | _____ | _____ |
| 2. I recommend this student | _____ | _____ |
| 3. I recommend with reservations _____
(Please state your reservations) | _____ | |
| 4. I do not recommend this student _____
(Please state your concerns) | _____ | |

Name: _____ **Position:** _____
 (printed)

Signature _____

Relationship to student: _____

Please return directly to Foothill Christian School
Attention: Admissions by mail, email (sesquivel@foothillchristian.org) or fax
 242 W. Baseline Rd., Glendora, CA 91740
 Phone: 626.914.1849 Fax: 626.914.5940