



WESTMINSTER

CHRISTIAN ACADEMY

English Teacher Recommendation Form – Section E

Parents: Please submit this form to your child's English teachers.

Teachers: Please keep a copy of this form and send the original directly to Director of Admissions, Westminster Christian Academy, 800 Maryville Centre Drive, Town & Country, MO 63017.

This section is to be completed by the applicant's parent.

Applicant's full name _____
First Middle Last

Applicant's current school _____ Current grade _____

This section is to be completed by the teacher.

The student named above, applying for admission to Westminster Christian Academy, is required to have this form on file before being considered for admission. Your prompt attention is appreciated. This evaluation and its contents will be used only in connection with the admission decision. If you wish to discuss this in person rather than complete this form, please check the box below, sign and return this form with your telephone number(s). A representative from the Admissions Office will contact you shortly.

I would like to discuss the applicant personally rather than complete this form. _____
daytime phone

Name of person completing this form: _____

What courses did you teach the applicant? _____

Is this course designated as an honors or accelerated course? Yes No

I have known this student for _____ years _____

Signature Date

The questions that follow ask for your sense of this student's relationship within the school community; emotional and social growth; and intellectual development. Your insight will help us to know this child. We understand the difficulty in evaluating a student, and we are aware that children are constantly growing, changing, and developing. The information you provide will be kept in strictest confidence and used only by the admissions committee.

What are the first words that come to mind when describing this student? _____

How accurately does the student understand what he/she needs? _____

In comparison with other students whom you have taught, please comment on strengths, weaknesses, learning style, health, behavior, or special needs of this student. Feel free to attach an additional sheet of paper, if necessary.

Please comment on the parents' support of their child's learning and their cooperation with the school.

Does this school have a program for special needs students (gifted, learning disabled, etc.)? Yes No

If yes, is this student involved in a program? Yes No Name of program: _____

For how long has this student been involved? Years _____ Months _____

Has the applicant ever been suspended, dismissed, requested to withdraw or otherwise penalized or disciplined for any reason?

Yes No If yes, dates suspended: from _____ to _____. Please state the nature of the action taken and describe the circumstances relating to the action. Please provide the names of the teachers or administrators involved. Attach additional paper if necessary.

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his/her age group whom you have taught.

PERSONAL QUALITIES

	One of the top few I have ever encountered	Excellent (top 10% this year)	Good (above average)	Average	Below Average
Work ethic					
Maturity (relative to age)					
Self-confidence					
Emotional stability					
Sense of responsibility					
Honesty/Integrity					
Conduct					
Consideration of others					
Relationships with peers					
Relationships with adults					

ACADEMIC QUALITIES

	One of the top few I have ever encountered	Excellent (top 10% this year)	Good (above average)	Average	Below Average
Motivation to learn					
Intellectual curiosity					
Organizational skills					
Work habits					
Sense of responsibility					
Creativity					
Effort/Determination					
Academic potential					
Academic achievement					
Class preparation					
Ability to work in a group					
Ability to work independently					