Elementary Teacher Recommendation Form
(For Students Entering 1st Through 5th Grades)

Please have the referring teacher return this form directly to Crossings Christian School.

Crossings Christian School, 14400 N Portland Avenue, Oklahoma City, OK 73134, Fax 405-767-1520

Applicant's Name: _____ Current Grade: _____
Last First Middle Preferred

Dear Elementary Teacher,

The above named student is applying for admissions to Crossings Christian School. Your evaluation of the student will be an invaluable tool in the admission process. The applicant's file will not be complete without the return of this form. Thank you in advance for your time and your comments.

Please indicate your preference: This information ☐may or ☐may not be shared with the parents.

		Exceptional	Above Average	Average	Fair	Poor
1.	**FAMILY**					
	Supports Child	☐	☐	☐	☐	☐
	Supports School	☐	☐	☐	☐	☐
2.	**PERSONAL ATTRIBUTES**					
	Peer Relationships	☐	☐	☐	☐	☐
	Respect for Authority	☐	☐	☐	☐	☐
	Responsibility	☐	☐	☐	☐	☐
	Creativity	☐	☐	☐	☐	☐
	Conduct	☐	☐	☐	☐	☐
	Interest in Non-Academic Activities	☐	☐	☐	☐	☐
	Leadership Skills	☐	☐	☐	☐	☐
3.	**STUDY HABITS**					
	Effort	☐	☐	☐	☐	☐
	Completes Work	☐	☐	☐	☐	☐
	Works Independently	☐	☐	☐	☐	☐
	Attention Span	☐	☐	☐	☐	☐
4.	**ACADEMIC PERFORMANCE**					
	Language Arts	☐	☐	☐	☐	☐
	Mathematics	☐	☐	☐	☐	☐
	Science	☐	☐	☐	☐	☐
	General Knowledge	☐	☐	☐	☐	☐
5.	**HEALTH**	☐	☐	☐	☐	☐
6.	**ATTENDANCE**	☐	☐	☐	☐	☐

7. This student has been enrolled in this school for _____ years. I have personally known this child for _____ years.
8. Does the student have any significant limitations? (Physical, social, mental, emotional)
_____
9. Has outside support/help been suggested to the parent? _____ If yes, explain
_____
10. Has the child received outside support/help? _____ If yes, what kind and from whom?
_____
11. Are you aware of any circumstances that may affect the child's success in school? _____ Please explain.
_____
12. This student has been sent to the office for disciplinary problems ☐often ☐infrequently ☐never
13. Is the student eligible to pass to the next grade? _____Continue in your school? _____

_____
Teacher's Name (Please Print) Signature Date

_____
School Phone Email

Please write any additional helpful comments on the back.