

English Teacher Recommendation Form



WAIVER: By signing below, I agree to waive my right of access to any information provided to Hernando Christian Academy by the teacher/administrator who completes this form: therefore, I give permission to release the information below.

Parent's Signature _____ Date _____

Student's Name: _____ Current Grade: _____

DEAR ENGLISH TEACHER:

Please complete this form as thoroughly as possible. The applicant's file will not be complete without the return of this form. We appreciate your time and comments.

How long have you known the student? _____

What is your teaching relationship to the student? _____

Based on your personal experience and knowledge of this student, what is your assessment of his/her strengths and inclinations? Please circle the appropriate response below and comment on any number marked lower than 2:

	Below Average	Average	Above Average	Outstanding	
Academic Potential	1	2	3	4	_____
Academic Achievement	1	2	3	4	_____
Initiative/Motivation	1	2	3	4	_____
Self-discipline	1	2	3	4	_____
Leadership Potential	1	2	3	4	_____
Personal Integrity	1	2	3	4	_____
Conduct and Discipline	1	2	3	4	_____
Respect for Adults	1	2	3	4	_____
Concern for Others	1	2	3	4	_____
Dependability	1	2	3	4	_____
Overall Recommendation	1	2	3	4	_____

Does this student consistently perform at or above grade level in reading comprehension? Yes No

If no, please explain: _____

Does this student consistently perform at or above grade level in his/her writing? Yes No

If no, please explain: _____

Is this recommendation consistent with his/her report card? Yes No

Please describe this student's strengths and inclinations, including any unique challenges in meeting the needs of this student.

School Name _____ School Phone _____

School Address/City/State/Zip _____

Teacher's Name _____ Dates the child attended this school _____

This information may or may not be discussed with parents.

Teacher's Signature _____ Phone _____ Date _____

Call 352-796-0616 with questions. Thank you for your time. **Please mail or fax (352-799-3400) this completed form to: Hernando Christian Academy, 7200 Emerson Road, Brooksville, Florida 34601, Attention: Registrar**

Math Teacher Recommendation Form



WAIVER: By signing below, I agree to waive my right of access to any information provided to Hernando Christian Academy by the teacher/administrator who completes this form: therefore, I give permission to release the information below.

Parent's Signature

Date

Student's Name: _____

Current Grade: _____

DEAR MATH TEACHER:

Please complete this form as thoroughly as possible. The applicant's file will not be complete without the return of this form. We appreciate your time and comments.

How long have you known the student? _____

What is your teaching relationship to the student? _____

Based on your personal experience and knowledge of this student, what is your assessment of his/her strengths and inclinations? Please circle the appropriate response below and comment on any number marked lower than 2:

	Below Average	Average	Above Average	Outstanding	
Academic Potential	1	2	3	4	_____
Academic Achievement	1	2	3	4	_____
Initiative/Motivation	1	2	3	4	_____
Self-discipline	1	2	3	4	_____
Leadership Potential	1	2	3	4	_____
Personal Integrity	1	2	3	4	_____
Conduct and Discipline	1	2	3	4	_____
Respect for Adults	1	2	3	4	_____
Concern for Others	1	2	3	4	_____
Dependability	1	2	3	4	_____
Overall Recommendation	1	2	3	4	_____

Has student mastered grade level math skills/concepts necessary for success at the next level? Yes No

If no, please explain: _____

Is this recommendation consistent with his/her report card? Yes No

Please describe this student's strengths and inclinations, including any unique challenges in meeting the needs of this student.

School Name _____ School Phone _____

School Address/City/State/Zip _____

Teacher's Name _____ Dates the child attended this school _____

This information may or may not be discussed with parents.

Teacher's Signature

Phone

Date

Call 352-796-0616 with questions. Thank you for your time. **Please mail or fax (352-799-3400) this completed form to: Hernando Christian Academy, 7200 Emerson Road, Brooksville, Florida 34601, Attention: Registrar**