



## Confidential Student Recommendation Form for Entering Class 2-12

Name of Student: \_\_\_\_\_ Application for Class \_\_\_\_\_

I have known this candidate for \_\_\_\_\_ years.

The classroom teacher that instructs the student for the majority of the day must complete this form. If the student is changing classes, a Language Arts and Math Teacher must each complete one of these forms.

**These forms are confidential and will be used for internal purposes only.**

Please describe this candidate briefly, and list any special interests the candidate may have:

For the following items, please mark in the shaded area one or more responses which may pertain to each.

					Comments
Conduct	Good conduct	Usually good Conduct	Occasional Misconduct	Frequent Disruption	
	Excellent	Good	Average	Poor	
Attitude	Healthy	Has occasional minor problems		Relates Poorly	
	Excellent	Good	Average	Poor	
Social relationships with peers	Healthy self-image	Needs some support	Seems overly confident	Poor self-image	
	Trustworthy	Usually trustworthy		Untrustworthy	
Leadership ability	Responsible	Usually Responsible	Sometimes Responsible	Rarely responsible	
	Parental Support				

	<b>Very Involved</b>	<b>Somewhat Involved</b>	<b>Not Involved</b>	
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**Heritage Christian Academy**

	Excellent	Good	Fair	Poor	Comments
Study Habits					
Self-motivation					
Organization					
Attention span					
Ability to express ideas orally					
Ability to express ideas in written form					
Ability to follow directions					
Ability to work in a group					
Ability to work independently					
Academic promise					
Academic achievement					
Attendance					
Reads for pleasure	Much	Some	Little		

We would appreciate additional comments and observations concerning the strengths, weaknesses, health, or special needs of this student. Please make a note of any diagnosed learning differences or disabilities of which you are aware. You may use a separate sheet of paper for further comments in any category.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or type name

\_\_\_\_\_  
School

\_\_\_\_\_  
Telephone or Contact Number

\_\_\_\_\_  
Subject or Grade Taught

Please return this form directly to:  
Heritage Christian Academy, Admissions, 649 Barr Road, Lexington, SC 29072