

ROCK SOLID CHRISTIAN ACADEMY INSTRUCTOR RECOMMENDATION

To be filled out by the primary instructor (instructor, parent, tutor or other)
(Please return promptly)

We are trying to gain an objective insight on attitude, behavior, teachable heart, respect displayed towards fellow students and teachers, etc. Your answers will be most helpful if we have permission to use them during the interview as discussion points with the student on their strengths and areas of improvement.

_____ is applying for admission to Rock Solid Christian Academy

Present Grade: _____ Applying for Grade _____

Please attach a copy of the student's academic record/transcript to this recommendation, if applicable.

1. What subjects have you taught this student? _____

2. How long have you known this student? _____

3. What three words immediately come to mind when thinking of this student?

4. In what areas does this student show the greatest strengths and/or creativity?

5. In what areas does this student need to improve? _____

6. Please evaluate this student's performance in the following areas as compared to other students with whom you have worked:

Verbal Skills	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Math Skills	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Written Work	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Reading	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Comprehension	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Motivation	<input type="checkbox"/> Superior	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average

7. Does this student work to potential?
 Always Generally Seldom

8. Is this student courteous and considerate?
 Always Generally Seldom

9. How would you describe this student's conduct? _____

10. Relationship to peers? _____

11. Additional comments: (any helpful information not previously mentioned?) _____

12. Has student ever been held back a grade in school? _____ Has student ever been suspended, expelled, dismissed or refused admission to another school? _____

13. If parent, why do you want your child to attend Rock Solid Christian Academy? _____

Your Name _____
(Print or Type)

Signature _____

Title: _____

Organization: _____ Phone: _____ Date: _____

Your relationship to the student: _____

Rock Solid Christian Academy will maintain the level of confidentiality that you request, within the limits of the law. By providing this recommendation form, the parents wish your honest assessment of this student.

Please check all that apply:

- _____ Feel free to discuss this information with the parents
- _____ If needed, you are welcome to call me for additional information
- _____ Please call me for additional information
- _____ Please do not share this information with the parents

Please return your recommendation to:

Enrollment Committee
Rock Solid Christian Academy
200 S. University Blvd.
Denver, CO 80209