

MARINERS CHRISTIAN SCHOOL TEACHER RECOMMENDATION FORM 2ND - 8TH GRADE APPLICANTS

I/we authorize MCS to give progress information regarding my child who is named below:

Parent Signature *Date*

Please have current teacher fill out this form and fax or mail it to MCS. Thank you.

Applicant's Name: _____ **Grade Entering:** _____

Teacher's Name: _____ **How long have you known child:** _____

School: _____ **Phone:** _____

Please check the appropriate space for each question, if applicable:

Does (is) the applicant:

	Excellent	Good	Fair	Poor	Unknown
1. Possess a teachable attitude?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Pays attention in class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Contribute positively to class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have a good attendance record in your class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Complete assignments given?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Put forth effort on assignments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Makes friends easily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emotionally well-balanced with a positive self image?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Practice self control in classroom environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Practice self control and cooperation on the playground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Works to his/her potential?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Parents support you in matters of discipline or school work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. What level of academic success would you anticipate for student at MCS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Please indicate any academic, social, or emotional areas in which we can continue to support this child.

15. Has the student been suspended or expelled from school? If yes, please explain: _____

16. Does the student have a current IEP? Yes ___ No ___ If yes, please explain: _____

If you have any further comments, please use reverse side.