

Teacher Recommendation Form
2nd – 8th Grade Applicants

Mariners Christian School

300 Fischer Ave

Costa Mesa, CA 92626

Phone: 714.437.1700 Fax: 714.437.7976

(Please have current teacher fill out this form and send or fax to MCS)

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

Teacher's Name: _____ **School:** _____

School Address: _____ Zip _____ Phone _____

How long have you known the applicant? _____

Please check the appropriate box 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. Show consideration of other students? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Pay attention in class? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Make good use of class time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Contribute positively to class discussion? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have a good attendance record in your class? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Complete most assignments given? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Put forth effort on assignments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Make friends easily? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Emotionally well-balanced? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Neat and well groomed in appearance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have a positive self image? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

13. Has he/she been responsive to correction? _____

14. Has he/she been known to be disruptive? _____

Date Received:

Teacher Recommendation Form

2nd – 8th Grade Applicants (cont.)

15. Are there any academic, social or emotional areas in which we can continue to support this child? _____

16. Has the student made wise choices in making friends? _____

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

18. What level of academic success would you anticipate for the student at Mariners Christian School?

A (highest average) . B (above average) ____ C (average) ____ D (below average) ____ F (possible failure) _____

19. Is the student's performance on standardized tests indicative of their academic performance in the classroom?

20. How would you describe the parents' support of you in matters of discipline or school work?

I highly recommend this student: _____

I recommend this student: _____

I recommend this student with reservation: _____

I do not recommend this student: _____

Person completing this form:

Signed _____ Date _____

Subjects Taught _____