



**CONFIDENTIAL SCHOOL  
RECOMMENDATION FORM  
FOR ADMISSION TO GRADES 1-8**

**Teacher or School Director:**

We appreciate your cooperation in completing this confidential form. Please be candid about this student's academic ability and motivation. All information received from you is confidential. We understand the difficulty in evaluating a student and are fully aware that children are constantly growing, changing, and developing. This form is only one factor in the admissions process. If you have questions or concerns, feel free to contact the school's admissions director at 573-335-8333. Thank you for your assistance.

Name of student: \_\_\_\_\_ Current grade level: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_

Relationship to student:     Current teacher     Former teacher     School administrator     Other \_\_\_\_\_

I have known this student \_\_\_\_\_ years and \_\_\_\_\_ months.

What subject areas do/did you teach this student? \_\_\_\_\_

Your school's name: \_\_\_\_\_

School address: \_\_\_\_\_

School telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

**Character and Personality Traits**

<b>Conduct</b>	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Usually Good Behavior	<input type="checkbox"/> Occasional misconduct	<input type="checkbox"/> Frequent disruptions
<b>Leadership</b>	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Contributing	<input type="checkbox"/> Minor activities	<input type="checkbox"/> Few or no activities
<b>Emotional maturity/stability</b>	<input type="checkbox"/> Very mature	<input type="checkbox"/> Average	<input type="checkbox"/> Somewhat immature	<input type="checkbox"/> Very immature
<b>Social relationships</b>	<input type="checkbox"/> Healthy relationships	<input type="checkbox"/> Has minor problems	<input type="checkbox"/> Relates poorly	
<b>Self-confidence</b>	<input type="checkbox"/> Healthy self-image	<input type="checkbox"/> Needs some support	<input type="checkbox"/> Needs much reassurance	
<b>Integrity</b>	<input type="checkbox"/> Very trustworthy	<input type="checkbox"/> Usually trustworthy	<input type="checkbox"/> Not trustworthy	
<b>Sense of responsibility</b>	<input type="checkbox"/> Very responsible	<input type="checkbox"/> Usually responsible	<input type="checkbox"/> Sometimes responsible	<input type="checkbox"/> Irresponsible
<b>Interaction with adults</b>	<input type="checkbox"/> Comfortable	<input type="checkbox"/> Dependent	<input type="checkbox"/> Shy	

**Comments (optional):**

**Please check the words that you feel describe this applicant:**

- |  |   |  |  |   |
|--|---|--|--|---|
| <input type="checkbox"/> Aggressive    | <input type="checkbox"/> Disobedient        | <input type="checkbox"/> Honest          | <input type="checkbox"/> Organized         | <input type="checkbox"/> Self-Centered    |
| <input type="checkbox"/> Anxious       | <input type="checkbox"/> Easily Discouraged | <input type="checkbox"/> Influential     | <input type="checkbox"/> Over-Protected    | <input type="checkbox"/> Self-Disciplined |
| <input type="checkbox"/> Articulate    | <input type="checkbox"/> Follower           | <input type="checkbox"/> Irritable       | <input type="checkbox"/> Passive-Resistant | <input type="checkbox"/> Shy              |
| <input type="checkbox"/> Cheerful      | <input type="checkbox"/> Good Listener      | <input type="checkbox"/> Manipulative    | <input type="checkbox"/> Perfectionist     | <input type="checkbox"/> Social           |
| <input type="checkbox"/> Confident     | <input type="checkbox"/> Happy              | <input type="checkbox"/> Motivated       | <input type="checkbox"/> Positive Leader   | <input type="checkbox"/> Well Liked       |
| <input type="checkbox"/> Conscientious | <input type="checkbox"/> Helpful            | <input type="checkbox"/> Negative Leader | <input type="checkbox"/> Responsible       |   |

Parent Involvement:  
Parent cooperation:

Active  
Very Cooperative

Occasionally Active  
Usually Cooperative

Rarely Active  
Not Cooperative

Uninvolved

Academic traits	Excellent	Good	Fair	Poor
<i>Academic potential</i>				
<i>Academic achievement</i>				
<i>Self motivation</i>				
<i>Study habits - organization of time and material</i>				
<i>Attention span</i>				
<i>Commitment to homework</i>				
<i>Ability to follow directions</i>				
<i>Ability to work independently</i>				
<i>Ability to express ideas in writing</i>				
<i>Attendance</i>				

<b>Comments (optional):</b>

Does the student have any outstanding abilities or deficiencies not covered by the above categories?

Yes  No

Are you aware of any independent evaluations for physical, emotional, or academic reasons regarding this student?

Yes  No

Does the student receive any special accommodations?

Yes  No

Does the student have an individual Education Plan (IEP) or other?

Yes  No

If yes to any of the above, explain: \_\_\_\_\_

After completion of this form, please mail to the school at the address below:

**Cape Christian School  
1855 Perryville Road  
Cape Girardeau, MO 63701**

Thank you for your time and effort in evaluating this student and assisting both the applicant and CCS. You are welcome to call if you would like to discuss the candidate personally. Your information will remain confidential.

Jalon Lies, Principal  
Office Telephone: 573-335-8333  
Office Fax: 573-335-3161  
Email: principal@capechristian.org