

LifePoint Academy of Seventh-day Adventists

Recommendation Form

To the applicant: Please complete the top section and give this form to your current principal, teacher, pastor or counselor.

Student Name _____ Grade entering _____

To the Parent/Guardian: Please read and sign the statement below.

For the student named above, I authorize the release of school records, including an official transcript of all grades for the past two years as well as the results of all academic testing. I acknowledge that I waive my right to read the confidential recommendation and the school report.

Signature of parent/guardian _____ Date _____

To the Teacher: This recommendation will remain confidential. When you have completed it, please seal mail it to the address at the bottom or email it to Lifepoint@flcoe.org. Be sure the parent/guardian has signed the form in the space above. Thank you for your cooperation and candor.

Your Name _____

Title/Position _____

School/Church _____

How long have you known/taught this student? _____

Does this student possess any interests, or special competence or talent? Yes No

If so, please explain: _____

Which words or phrases first come to mind in describing this student?

Strengths: _____

Weaknesses: _____

Has the student been in regular attendance? Yes No

Is there a problem with tardiness? Yes No

If so, please explain circumstances: _____

Has student in any way been a disciplinary problem, or been suspended or expelled from your school? Yes No

If so, please explain circumstances: _____

To your knowledge, has this student ever been referred to a counselor or psychologist for educational testing? Yes No

To your knowledge, has this student taken or been prescribed medication to manage a behavior disorder? Yes No

Are you aware of any family circumstances that affect the student's life at school? _____

Which word(s) best describe the parents regarding their child?

Supportive Demanding Controlling Indifferent Other _____

LifePoint Academy of Seventh-day Adventists

Please check the appropriate box for each characteristic.

	Outstanding	Excellent	Average	Below Average	No Basis for Judgment
Academic achievement	<input type="checkbox"/>				
Academic capacity	<input type="checkbox"/>				
Academic potential	<input type="checkbox"/>				
Appearance	<input type="checkbox"/>				
Attitude	<input type="checkbox"/>				
Citizenship	<input type="checkbox"/>				
Class participation	<input type="checkbox"/>				
Concern for others	<input type="checkbox"/>				
Creativity and imagination	<input type="checkbox"/>				
Dependability	<input type="checkbox"/>				
Energy	<input type="checkbox"/>				
Honesty/integrity	<input type="checkbox"/>				
Initiative	<input type="checkbox"/>				
Intellectual curiosity	<input type="checkbox"/>				
Leadership skills	<input type="checkbox"/>				
Level of maturity (relative to age)	<input type="checkbox"/>				
Motivation	<input type="checkbox"/>				
Parental cooperation	<input type="checkbox"/>				
Reaction to criticism	<input type="checkbox"/>				
Regularity of completing assignments	<input type="checkbox"/>				
Respect to adults	<input type="checkbox"/>				
Respect to peers	<input type="checkbox"/>				
Seeks help when needed	<input type="checkbox"/>				
Self-confidence/self-esteem	<input type="checkbox"/>				
Self-discipline	<input type="checkbox"/>				
Sense of humor	<input type="checkbox"/>				
Seriousness of purpose	<input type="checkbox"/>				
Study habits	<input type="checkbox"/>				
Warmth of personality	<input type="checkbox"/>				
Oral expression	<input type="checkbox"/>				
Written expression	<input type="checkbox"/>				

Is there any other information that would be helpful to us in evaluating the ability of this student to perform in the grade?

Teacher Signature _____ Date _____