



Bayshore CHRISTIAN SCHOOL

Elementary Teacher Recommendation

3909 S. MacDill Avenue • Tampa • FL • 33611
 813.839.4297 • Fax 813.835.1404 • mvaldivia@bayshorechristianschool.org

Parent of Applicant: Please complete the top section of this form and submit the form to your child's elementary teacher, to be completed and returned directly to Bayshore Christian School.

Student's Name: _____ Grade Applying for: _____

Current School: _____ Year Applying for: _____

*My son/daughter is applying for admission to Bayshore Christian School. I would appreciate you completing this form and returning it directly to Bayshore Christian School via mail, fax or email. *Please note: Forms submitted to the Admissions Office by the applicant's family will not be accepted. All information provided on this evaluation form will be held in the strictest confidence and will not be shared with students, parents, or guardians.*

Parent/Guardian Signature: _____ Date: _____

THIS PART TO BE COMPLETED BY ELEMENTARY TEACHER

To the Applicant's Elementary Teacher: We appreciate your cooperation in completing this form. Please be candid about this student's academic ability and motivation. 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 piece of the applicant's profile to be used in our assessment process. Thank you for your thoughtful attention to this request.

Academic Ability	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Lower Marginal Ability	<input type="checkbox"/> Poor Academic Risk
Initiative, Drive	<input type="checkbox"/> Outstanding, Resourceful	<input type="checkbox"/> Well Above Average	<input type="checkbox"/> Generally Strong Enough	<input type="checkbox"/> Occasionally Weak or Lacking	<input type="checkbox"/> Very Weak
Leadership & Responsibility	<input type="checkbox"/> Outstanding, Top Positions	<input type="checkbox"/> Commendable, Top or Next to Top Positions	<input type="checkbox"/> Capable, Minor Positions, Good	<input type="checkbox"/> No Sign of Leadership or Involvement	<input type="checkbox"/> Record of Irresponsibility
Maturity	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Advanced for Age	<input type="checkbox"/> Appropriate for Age	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Interest in Non-Academic Activities	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Commendable, Top or Next to Top Activities	<input type="checkbox"/> Active	<input type="checkbox"/> Minor Participation	<input type="checkbox"/> No Participation
Integrity	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Advanced for Age	<input type="checkbox"/> Appropriate for Age	<input type="checkbox"/> Needs Development	<input type="checkbox"/> Not at an Acceptable Level
Respect for Others	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Concern for Others	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Peer Relationships	<input type="checkbox"/> Highly Respected, Well-liked	<input type="checkbox"/> Respected/Liked	<input type="checkbox"/> Accepted But Not Sought Out	<input type="checkbox"/> Some Difficulty in Cultivating Relationships	<input type="checkbox"/> Poor/Unhealthy, Unskilled Interpersonally
Personal Qualities	<input type="checkbox"/> Superior Personal Qualities	<input type="checkbox"/> Great Strengths	<input type="checkbox"/> Strengths Outweigh Weaknesses	<input type="checkbox"/> Somewhat Immature For Age	<input type="checkbox"/> Very Immature For Age
Emotional	<input type="checkbox"/> Extremely Well Balanced	<input type="checkbox"/> Well Balanced	<input type="checkbox"/> Usually No Problems	<input type="checkbox"/> Some Problems	<input type="checkbox"/> Many Problems
Summary as a Student	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor

1) What are the first words that come to mind when describing this student?

2) What frustrates this student?

3) Please circle the words that you feel describe this student:

aggressive	confident	follower	irritable	over-protected	self-centered	influential
anxious	conscientious	happy	manipulative	passive-resistant	self-disciplined	organized
articulate	disobedient	helpful	motivated	perfectionist	shy	responsible
cheerful	honest	negative leader	positive leader	easily discouraged	social	well-liked

Academic Ability

Reading Skills	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Writing Skills	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Math Computation Skills	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Math Critical Thinking Skills	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Prediction of Applicant's success at next grade/level	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Has outside help been recommended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Would you recommend for an honors course?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Academic Traits

Ability to follow directions	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Ability to work independently	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Ability to work with others	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Ability to express ideas orally	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Ability to express ideas in writing	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Pattern of completing work on time	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Organization/care of materials	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor

4) Comments: We would appreciate additional comments and observations concerning the student's abilities, attendance, personal qualities and special interests. We welcome any other information you think might be helpful in our understanding of this student.

5) Parental cooperation and involvement with the school (please describe):

Completed by: _____

Signature: _____

I have known this student for _____ years _____ months.

Phone Number: _____

School Address: _____

Please return this form directly to Bayshore Christian School by mail, fax, or email. Thank you!