

TEACHER RECOMMENDATION

HEBRON CHRISTIAN ACADEMY

P.O. Box 1028 Dacula, GA 30019
 (770) 963-9250 ♦ Fax (770) 277-3581
 www.hebronlions.org

Teacher Recommendation 1st-12th

My son/daughter is applying for admission to Hebron Christian Academy. *I would appreciate your completing this form and returning it directly to Holly Pullen, Admissions Director at HCA at the address or fax listed above.* I hereby authorize the release of my child's records and evaluative data.

Student Name _____ Applying for Grade: _____

Current School: _____ Grade: _____

School Address _____

City/State _____ Zip _____

To Parent/Legal Guardian: Please print or type this section and deliver this form. The evaluator will mail these forms directly to the Admission Office. By submitting this evaluation form and in consideration of having this evaluation and your application considered by Hebron Christian Academy, you hereby release HCA, its employees and representatives, the evaluator and the evaluator's employer from any and all claims and liability that may arise from the providing, obtaining or using of the form and the substance of the information provided by the evaluator.

All information provided on the attached evaluation form will be held in strictest confidence and will not be shared with students, parents, or guardians. This evaluation will remain confidential and not become part of the student's permanent academic record

Parent Signature: _____

*This form needs to be completed by:

Classroom Teacher (Grades K-5) Name: _____

Math Teacher (Grades 6-12) Name: _____

English Teacher (Grades 6-12) Name: _____

Please rank the student's level of performance in each of the following areas:

ACADEMIC PERFORMANCE	Excellent	Satisfactory	Poor
Completes class assignments			
Turns in homework assignments			
Works well in groups			
Performs on grade level			
Pays attention/stays on task			
Works to the best of his/her ability			
Makes good use of time			
Works independently			

Reading Skills Superior Good Average Below Average Poor

Writing Skills Superior Good Average Below Average Poor

Math Computation Skills Superior Good Average Below Average Poor

Math Critical Thinking Skills Superior Good Average Below Average Poor

Prediction of Applicant's success at next grade/level Superior Good Average Below Average Poor

Has outside help been recommended? Yes No

Has the student ever had resources or been referred for any academic assistance? Yes No If "yes" please explain.

Do you have any concerns or comments regarding this student's academic performance? Yes No If "yes" please explain concerns. _____

CONDUCT	Excellent	Satisfactory	Poor
Interacts well with other students			
Respects the rights and property of others			
Is respectful and courteous to adults			
Accepts adult authority/discipline			
Takes care of property			
Follows class rules			
Is generally cooperative			
Accepts responsibility for his/her behavior			
Attendance			

Do you have any concerns or comments concerning this student's conduct? Yes No If "yes" please explain concerns. _____

PHYSICAL DEVELOPMENT	Excellent	Satisfactory	Poor
Fine motor development and coordination			
Gross motor development and coordination			
Speech development/articulation			

Do you have any concerns or comments regarding this student's physical development? Yes No If "yes" please explain concerns. _____

We thank you in advance for your help with this process.

NAME (Please print)

SIGNATURE

DATE