



Confidential Teacher's Recommendation
Kindergarten, First, and Second Grade Applicants

Family and Student Information

Student Name \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

By signing below, I agree to waive my right of access to information provided on this form.

Parent/Guardian Signature \_\_\_\_\_ Print Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Print Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Teacher Recommendation

Please complete and return this recommendation directly to Lansing Christian School.
If you would like to provide any further information with the answers to your questions, you may do so in the space provided or on another sheet of paper.

Compared to other students, how would you rate this applicant?
One of the top I've ever encountered in my career Excellent Good (above average)
Fair Weak

Please mark the response that best describes the current level of the applicants achievement in the following areas:

C = Commendation for special effort and achievement
S = Satisfactory progress
N = Needs improvement

Work Habits

- Follows directions
Completes tasks on time
Works carefully
Is attentive and listens carefully
Is able to copy patterns
Works Independently

School Readiness

- Respects property of others
Enters into play with others
Carries out responsibilities

Emotional Growth

- Adjusts to new situations
Exhibits respect for adults
Shows self-confidence
Exhibits self-control in the classroom
Exhibits self-control on the playground
Follows classroom rules

How would you rate the applicant's parental involvement in their education?

- Very cooperative    Usually cooperative    Rarely cooperative    Apathetic    Never communicate

How would you evaluate the applicant's character (mark all that apply)?

- Outgoing    Strong-willed    Hard-working    Without enthusiasm    Quiet, introverted

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Does the applicant have any significant limitations (physical, emotional, social)?

- Yes    No   *If "Yes", please explain.*

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Has the applicant ever been recommended to a special program for the following needs?

- Gifted    Learning Disabled    Impaired vision    Speech    Hearing

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Is the applicant in good standing and eligible to continue to the next grade level?

- Yes    No    Not applicable

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Has there ever been a need for administrative involvement in disciplinary action regarding this student?

- Yes    No   *If "Yes", please explain.*

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School Name \_\_\_\_\_ Address \_\_\_\_\_

Year you taught this applicant \_\_\_\_\_ Title/Subject Taught \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Teacher Signature

Name (please print)

Date



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