

Teacher Recommendation Form

Student's Name:

DOB:

Please sign and date in the spaces provided below and give this form to your child's current teacher. To expedite the receipt of this form please provide a stamped envelope addressed to :

**Cornerstone Classical School
830 South Ninth Street
Salina, KS 67401**

I understand the following as the applicant's parent(s)/guardians: This recommendation is confidential to CCS and the person supplying this information.

Parent Signature

Date

Instructions to the Teacher:

The student named above has applied for admission to Cornerstone Classical School. Your recommendation is a vital part of the student's application process and will be kept confidential. Please seal the envelope, sign over the seal, and mail the completed form to CCS. Thank you.

Rate the applicant in comparison to other students of the same age range for the following characteristics:

	Not Observed	Below Average	Average	Good	Excellent
Obeys promptly					
Obeys completely					
Obeys cheerfully					
Exercises diligence					
Displays godly consideration of others					
Speaks honestly and to edify others					
Exercises self-control					
Displays order					
Retains and recalls facts					
Expands vocabulary					
Exercises accuracy and carefulness					
Contributes to classroom discussion					
Applies facts in solving problems					
Writes/composes effectively					

