



CROSSROADS CHRISTIAN SCHOOL

P.O. Box 249 ♦ Henderson, NC 27536 ♦ (252) 431-1333 Office ♦ (252) 431-0333 Fax ♦ www.ccscolts.org

TEACHER RECOMMENDATION

Student's Name _____ Applying for grade _____

Date _____ Teacher's Name _____

Name of School _____

School Address _____
 Street City State Zip

Please indicate your rating by checking the appropriate box. Use a question mark where you have insufficient information. Your candid estimate will be of invaluable assistance to the Admissions Office, and your comments will be held in strict confidence.

| | Exceptional | Above Average | Average | Below Average | Poor |
|-------------------------------------|-------------|---------------|---------|---------------|------|
| Academic Performance | | | | | |
| Academic Ability | | | | | |
| Motivation | | | | | |
| Extracurricular Activities | | | | | |
| Respect by Faculty | | | | | |
| Emotional Stability | | | | | |
| Personal Appearance | | | | | |
| Physical Condition | | | | | |
| Respect for Authority | | | | | |
| Accepts Responsibility for Behavior | | | | | |
| Leadership Qualities | | | | | |

1. In what capacity and how long have you known the applicant? _____

2. Please comment on the applicant's attitude toward school. _____

3. To your knowledge, has the applicant had any history of involvement with drugs, alcohol, or juvenile delinquency? Yes _____ No _____ If yes, please explain:

4. What is your candid estimation of the candidate's moral character? _____

5. Has the applicant ever been suspended or expelled? Yes _____ No _____ If yes, please explain: _____

6. To your knowledge, has the student had any history of conduct or behavior problems? Yes _____ No _____ If yes, please explain: _____

7. Does the candidate have any history of learning disability or has he/she required any special help to meet academic requirements? Yes _____ No _____ If yes, please explain: _____

8. Additional comments, if needed _____

I recommend this student: Enthusiastically Strongly With reservation
 I would not recommend this student.

Signature _____

Title _____

Date _____

Please return within one week to:
CCS Admissions Office
P.O. Box 249
Henderson, NC 27536
Or fax to: 252-431-0333