

ALL RECOMMENDATION FORMS MUST BE MAILED OR FAXED FROM THE PREVIOUS SCHOOL.

9th-12th GRADE RECOMMENDATION FORM

Name of Applicant _____ is applying for entrance into Clinton Christian School in grade _____.

Please complete this form and return it to us with a copy of the report card for this year and last year, plus any standardized test data. Please include a description of your marking system (A=90-100, etc.) Please circle the number that rates the applicant's achievement/performance in the following areas: 1 = Weak, 2 = Fair, 3 = Average, 4 = Good, 5 = Superior. Please identify any area(s) where the applicant demonstrates inconsistent performance with an asterisk (*), and place additional comments on the back of this form.

ITEM * = Inconsistent Performance	CIRCLE RESPONSE					COMMENTS
	1 = Weak				5 = Superior	
Academic Ability	1	2	3	4	5	
Extracurricular Activities	1	2	3	4	5	
Integrity	1	2	3	4	5	
Conduct	1	2	3	4	5	
Initiative & Drive	1	2	3	4	5	
Care & Concern For Others	1	2	3	4	5	
Emotional Adjustment	1	2	3	4	5	

All narrative comments can be continued on the back of this form.

How would you rate applicant as a person? Outstanding Excellent Good Fair Poor

How would you rate applicant as a student? Outstanding Excellent Good Fair Poor

Is the applicant in good standing and eligible to re-enter your school, if you offer the next grade? _____

Has any disciplinary action ever been taken on this applicant? _____

Has any disciplinary action involved alcohol or drugs? _____

Has the applicant displayed any significant limitations or weaknesses? _____

Are the parents cooperative? _____

If applicable, are financial responsibilities for school bills met on time? _____

Does the applicant have any outstanding abilities or deficiencies not covered by the above categories?

Explanation: _____

Does the applicant have any significant limitations that affect school performance?

Explanation: _____

Has applicant ever been recommended for special school programs (gifted, etc.)? _____

Did applicant participate? _____ Explanation: _____

Does applicant have the respect of peers? _____ Where are the factors contributing to this respect or lack of respect? Explain _____

Does applicant have the respect of the faculty? _____ What are the factors contributing to this respect or lack of it? Explain _____

In what capacity have you known the applicant? _____

Length of acquaintance? _____

Thank you for your time and effort in evaluating this student. Your information will remain confidential.

If you wish to discuss this student personally rather than complete this form, please sign, print your name, and note your telephone number. The Director of Admissions or the Principal will call you.

Signature _____ Title _____

Printed Name _____ Name of School _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Best time to call _____ AM PM

Please attach grades & test data and send to Director of Admissions, Clinton Christian School, 6707 Woodyard Road, Upper Marlboro, MD 20772. Phone: (301) 599-9600 FAX: (301) 599-5577 or 599-9603