



Elizabethtown Christian Academy
Teacher Recommendation
Grades 1-6

Applicant's Name: _____ Grade Applying for _____

Please answer the following questions based on your personal observation and experience.

Thank you for returning this as soon as possible. All information on this recommendation is confidential.

Does the student:	Never	Sometimes	Usually	Always
Shows eagerness to learn	1	2	3	4
Interacts easily with others	1	2	3	4
Follows directions given in a group	1	2	3	4
Follows directions given individually	1	2	3	4
Shows self-confidence	1	2	3	4
Exhibits self-control	1	2	3	4
Displays age-appropriate maturity	1	2	3	4
Listens attentively	1	2	3	4
Performs at grade level	1	2	3	4

Please elaborate on any scores of 1 or 2. _____

Please identify any areas of strengths for this child. _____

In what area(s) might we set goals to help this child be successful in school? _____

In relation to students you have known of the same age, please indicate your rating below:

	Outstanding	Excellent	Good	Fair	Poor
As a student:	_____	_____	_____	_____	_____
As a classroom citizen:	_____	_____	_____	_____	_____

Additional Remarks: _____

Teacher Name: _____ Date: _____
Job Title: _____
School Name: _____ Phone: _____
School Address: _____
Email: _____

Thank You for sharing your insights and observations.

Please return via mail or email to:
Director of Admissions
Elizabethtown Christian Academy
1800 West Broad Street
Elizabethtown, NC 28337
Phone: 910-862-3427
asasser@etownecem.org