



Teacher Reference Form
 Cornerstone Christian Academy
 P.O. Box 5520, Philadelphia, PA 19143
 Office (215) 724-6858; Fax (215) 724-2827

One form per student entering middle school. Please give this form to your elementary teacher.

Student Name: _____ **Applying for Grade:** _____ **Date:** _____

Best Contact Phone Number: _____

Current School: _____ **Current Grade:** _____

To the applicant's elementary teacher:

The above student has applied for admission to Cornerstone Christian Academy Middle School. We would appreciate your evaluation of this student in the areas below and are thankful for your time in completing this form. Please send or fax to the Admissions office (address above).

Academic Ability	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Lower marginal ability	<input type="checkbox"/> Poor, Academic Risk
Initiative, Drive	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Occasionally weak	<input type="checkbox"/> Very weak
Leadership and responsibility	<input type="checkbox"/> Outstanding, Top Positions	<input type="checkbox"/> Commendable	<input type="checkbox"/> Capable, Minor Positions	<input type="checkbox"/> No sign of leadership or involvement	<input type="checkbox"/> Record of irresponsibility
Interest in Non-Academic Activities	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Commendable	<input type="checkbox"/> Active	<input type="checkbox"/> Minor Participation	<input type="checkbox"/> No participation
Parental Support	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Sometimes unsupportive	<input type="checkbox"/> Often unsupportive, critical of school
Peer Relationships	<input type="checkbox"/> Highly respected, well-liked	<input type="checkbox"/> Respected, liked	<input type="checkbox"/> Accepted but not sought out	<input type="checkbox"/> Some difficulty in cultivating relationships	<input type="checkbox"/> Poor/unhealthy, unskilled interpersonally
Personal Qualities	<input type="checkbox"/> Superior Qualities	<input type="checkbox"/> Great strengths	<input type="checkbox"/> Strengths outweigh weaknesses	<input type="checkbox"/> Somewhat immature for age	<input type="checkbox"/> Very immature for age
Emotional	<input type="checkbox"/> Extremely well balanced	<input type="checkbox"/> Well-balanced	<input type="checkbox"/> Usually no problems	<input type="checkbox"/> Some problems	<input type="checkbox"/> Many problems
Summary as a Student	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor

Academic Skills:

Reading Skills	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Writing Skills	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Math Computation Skills	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Math Critical Thinking Skills	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Prediction of Applicant's success at next grade level	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Has outside help been recommended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

(continued on reverse)

Teacher Reference Form (Continued)

Student Name: _____ Applying for Grade: _____ Date: _____

Study Habits:

Ability to Work Independently	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Ability to Work with Others	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Pattern of Completing Work on Time	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Attention Span	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Organization/Care of Materials	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor

Thank you for agreeing to submit a recommendation in support of this applicant for admissions to Cornerstone Christian Academy Middle School. The information you provide is confidential and will be used only in the selection of applicants. It will not be available to applicants or parents.

Other helpful comments or observations:

Name (printed): _____ Title: _____

Signature: _____ Date: _____