



TEACHER RECOMMENDATION

Student's Full Name _____ Grade _____

Date _____ Teacher's Name _____

Name of School _____

School Address _____

Teacher's Signature _____

(Must be filled out and signed by a current teacher)

Please indicate your ratings by circling the appropriate answer. Use a question mark where you have insufficient information. All comments are confidential.

Characteristic	Rating				
Academic Performance	Exceptional	Above Average	Average	Below Average	Poor
Academic Ability	Exceptional	Above Average	Average	Below Average	Poor
Motivation	Exceptional	Above Average	Average	Below Average	Poor
Emotional Stability	Exceptional	Above Average	Average	Below Average	Poor
Physical Condition	Exceptional	Above Average	Average	Below Average	Poor
Respect for Authority	Exceptional	Above Average	Average	Below Average	Poor
Accepts Responsibility For Behavior	Exceptional	Above Average	Average	Below Average	Poor

This information should be mailed to: *ADMISSIONS*
Mount Carmel Christian School
6015 Old Stone Mountain Road
Stone Mountain, GA 30087

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

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

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

4. To your knowledge, has the student had any history of conduct or behavior problems? Yes ___

No ___ If yes, explain: _____

5. Does the candidate require any special help to meet academic requirements? Yes ___ No ___

If yes, please explain: _____

6. Please include any additional information that may be helpful for candidate consideration:

7. May we contact you for follow-up information? Yes ___ No ___

8. What is your contact information: _____