



"They will soar on wings like eagles..."
Isaiah 40:31

CHRISTIAN LIFE SCHOOL

10700-75th Street Kenosha, Wisconsin 53142
(262) 694-3900 Fax (262) 694-3312
www.kclsed.org

Principal, Counselor or Homeroom Teacher Recommendation Form

Name of student _____ Applicant to grade _____

The items below ask for your opinion of this student's emotional and social growth, intellectual development, and relationships within the school community. Our ability to effectively evaluate this student is helped considerably by your timely and candid insights. All information that you furnish will be kept confidential to the extent the law allows and will not be retained as a part of the student's permanent record. If additional space is required to answer any questions, please use the last page of this form. On behalf of this student, we thank you for your cooperation.

Please complete this recommendation and return it to Christian Life School.

Your name _____ Title _____

School _____

How long have you known this student? _____

What are the first three words that come to mind when describing this student?

ACADEMIC QUALITIES

Please evaluate the candidate by placing a check in the appropriate column:

	Outstanding	Good	Average	Below Average	No Basis for Judgment
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity and imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to ask for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommendation

PERSONAL QUALITIES

	Outstanding		Good		Average		Below Average	No Basis for Judgment
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for individual differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to setbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity (relative to age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of students in the student's entire grade: _____ Exact rank in class (from top) _____

Estimated rank (by decile) if exact rank not available: _____

Has the student been regular in attendance? _____

Is there a problem with tardiness? If so, please explain: _____

Has the student ever been a disciplinary problem? Briefly explain and note any serious disciplinary action taken: _____

Has the student been promoted regularly during his/her school career? If not, please explain: _____

What are the student's strengths?

As a student _____

As a person _____

What are the student's weaknesses?

As a student _____

As a person _____

If his/her academic record is poor, please suggest possible reasons: _____

Recommendation

Has the student been evaluated for special education services? Yes No

If yes: LD ED ADD S/L O/T P/T Other _____

If so, what were the results? _____

How have they been addressed? _____

Are you aware of any special circumstances that affect the student's life at school? Please explain: _____

If you have additional comments, please note them here: _____

Would you like someone from the CLS admissions staff to phone you about this student? Yes No

Phone number _____ Most convenient time to call is _____

PARENT/SCHOOL RELATIONSHIP

Parents are an important part of our relationship with the student. Please share with us any thoughts you have regarding the student's family.

How involved are the parents in their child's school experience and the school itself? _____

Are the parents realistic about their child's abilities? _____

Which word best describes the parents in regard to their child?

- Supportive Demanding Controlling Indifferent

Please explain: _____

Additional comments: _____

Signature _____ Date _____

Again, thank you for your time, effort, and the helpful information you have provided.

