



This form is to be filled out and returned to student in sealed envelope provided.

Dade Christian School
6601 NW 167 Street
Miami, FL 33015

Teacher Reference

Name of applicant: _____

Date: _____

I waive my right to examine this form. _____
Applicant's Signature*

I do not waive my right to examine this form. _____
Applicant's Signature*

***By not signing, I am waiving the right to examine this form.**

_____ entering grade _____ has applied for admissions to Dade Christian School.
Name of Student

Please rate student using the following criteria and circle the appropriate number.

Academic & Personal Qualities

	Below Average	Fair	Good	Excellent	Outstanding	Not Applicable
Motivation	1	2	3	4	5	___
Punctuality in completing assignments	1	2	3	4	5	___
Ability to work independently	1	2	3	4	5	___
Basic knowledge of subject matter	1	2	3	4	5	___
Ability to organize and communicate ideas	1	2	3	4	5	___
Dedicated student	1	2	3	4	5	___
Classroom conduct	1	2	3	4	5	___
Relationships with other students	1	2	3	4	5	___
Relationships with teachers	1	2	3	4	5	___
Reaction to criticism	1	2	3	4	5	___
Maturity level	1	2	3	4	5	___

Is the applicant eligible to re-enter your school next term? _____yes _____no If no, please explain

Has the applicant been involved in any alcohol or drug use? _____yes _____no If yes, please explain

Has the applicant displayed inappropriate social behavior to other students? _____yes _____no If yes, please explain

Has the student been disciplined by the school administration? _____yes _____no If yes, please explain
Suspended? _____ Expelled? _____

I recommend this candidate for admission to Dade Christian School

	With enthusiasm	With reservation	Difficult to recommend
Academically	_____	_____	_____
Personal character	_____	_____	_____
Behaviorally	_____	_____	_____
Overall recommendations	_____	_____	_____

Name _____ Grade applicant received in your course _____
(Please print)

Position _____ Specific name of course(s) you taught applicant _____

School _____ School Phone Number _____

Signature _____ Date _____

Please return confidential reference in sealed envelope to applicant. This form will be used only for the admission process and will not become part of the student's permanent school record. The prospective student can not be considered until this information has been received. Please complete and return to student as soon as possible. Thank you for your part in this recommendation process.