

TEACHER RECOMMENDATION FORM

Part I

To be filled out by the student:

Student Name: _____ Grade: _____

I waive my right to view this commendation and agree that it should be confidential information for the admissions committee of Portland Christian School.

Student Signature

Parent Signature

Part II

To be filled out by the teacher:

1. Name: (please print) _____
2. Subject area taught: _____
3. A number we can call if we have questions: _____
4. How long have you known the applicant? _____
5. Do you interact with the student outside of the classroom, if so in what capacity?

6. Please circle the appropriate rating for each:

Not at All _____ Very Much

Honesty	1	2	3	4	5
Respectful	1	2	3	4	5
Helpful to Others	1	2	3	4	5
Diligent	1	2	3	4	5
Hard working	1	2	3	4	5
Cooperative	1	2	3	4	5
A Christ-centered life	1	2	3	4	5

Comments: _____

Signature: _____ Date: _____

Please fill out and return to:

**Admissions
Portland Christian School
8509 Westport Road
Louisville, KY 40242**