

# New Hope Christian School

5961 New Hope Road  
Grants Pass, OR 97527  
IS@newhopechristian.net  
*Equipping for a life that pleases Jesus  
with a quality Bible-based education.*



541-476-4588  
(fax) 541-474-7626  
[www.newhopechristian.net](http://www.newhopechristian.net)  
*"Thy Word is a Lamp unto my feet and  
a Light unto my path." Psalm 119:105*

## Confidential International Student Academic Teacher Recommendation

Student Name \_\_\_\_\_ Date \_\_\_\_\_

**Teacher: Please complete Part I, Part II, and Part III.**

This above-named student is applying for admission to New Hope Christian School. Your comments are used solely for the admission process, are held in strictest confidence, and are not part of a student's permanent record. Please feel free to call us if there is any additional information you wish to discuss.

### Part I

#### ACADEMIC QUALITIES

	Excellent	Good	Fair	Poor
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation and Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Aptitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### PERSONAL QUALITIES

	Excellent	Good	Fair	Poor
Classroom Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Honesty and Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Act Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on Academic/Personal Qualities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Accredited with Northwest Accreditation Commission, an accreditation division of AdvancED  
Member of Association of Christian Schools, Int'l and Oregon Federation of Independent Schools*

**Part II**

During what school year(s) did you teach or supervise the applicant? \_\_\_\_\_

In what subjects and/or activities have you taught or supervised the applicant? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please comment about any of the applicant’s noteworthy interests, talents, and or abilities.

\_\_\_\_\_  
\_\_\_\_\_

In your professional opinion, does the applicant have any identified learning disabilities or challenges?

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Was the applicant’s family cooperative in supporting your classroom policies and procedures? \_\_\_\_\_

If no, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Part III**

Please provide your **overall recommendation** as to this applicant’s qualifications for admission to New Hope Christian School.

Highly Recommend

Hesitate to Recommend

Recommend

Do not Recommend

Additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Neither the student nor the agent are to view this form. PLEASE RETURN DIRECTLY TO THE SCHOOL: Scan and email to IS@newhopechristian.net or mail in sealed envelope to the above school address. We thank you for your assistance.**

Teacher’s Name: \_\_\_\_\_ Title: \_\_\_\_\_

Teacher’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School’s Name: \_\_\_\_\_ Email: \_\_\_\_\_