



# New Hope Christian Schools

*Education with Eternal Benefits*

5961 New Hope Rd ♦ Grants Pass, OR 97527-8998 ♦ 541-476-4588 ♦ (fax) 541-474-7626

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## Teacher Recommendation (Academic Teacher)

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

Teacher: Please complete Part I and Part II as well as the recommendation portion.

This student is applying for admission to New Hope Christian Schools in the fall. Thank you in advance for your evaluation. This is confidential information.

### 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 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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. \_\_\_\_\_

\_\_\_\_\_

**Recommendation for New Hope Christian Schools**

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

Highly Recommend

Hesitate to Recommend

Recommend

Do not Recommend

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

\_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School's Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Your judgments are used solely for the admission process, are held in strictest confidence, and are not part of a student's permanent record. We thank you in advance for your assistance. Please feel free to call us if there is any additional information you wish to discuss.

**PLEASE RETURN DIRECTLY TO ME:** Diana A. Hale, International Student School  
Director, New Hope Christian Schools, 5961 New Hope Road, Grants Pass, OR 97527-8944