

New Hope Christian School

5961 New Hope Rd.
 Grants Pass, OR 97527
 nhcs@newhopechristian.net
*Ambassadors for Christ
 Armed for Kingdom Work*



541-476-4588
 (fax) 541-474-7626
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

PLEASE RETURN DIRECTLY TO THE SCHOOL: IS@ newhopechristian.net or in sealed envelope to the above address

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. Thank you in advance for your evaluation. This is confidential information. Neither the student nor the agent are to view it.

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*

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. _____

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: _____ Email _____

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.