



HIGHLAND PARK CHRISTIAN ACADEMY

6801 SHERIFF ROAD LANDOVER, MD 20785

301.773.4079 OFFICE ~ 301.773.2626 FAX

www.hpchristianacademy.org

RECOMMENDATION FORM (1ST – 5TH GRADE)

Name of Student _____

Evaluator's Name _____ Position _____

Current School _____ Current Grade: _____

School Address _____

To be filled out by the applicant's Childcare Provider, School Principal, or Teacher

BACKGROUND INFORMATION

<i>Place a check in the appropriate box</i>	Superior	Excellent	Above Average	Average	Poor	No Basis for Judgment	Comments
Integrity							
Respect for Others							
Peer Compatibility							
Behavior/Conduct							
Ability to Focus							
Academic Achievement							
Work and Study Habits							
Acceptance of Criticism							
Leadership Ability							
Emotional Maturity							
Parental Support							

Additional Academic Comments: _____



HIGHLAND PARK CHRISTIAN ACADEMY

6801 SHERIFF ROAD LANDOVER, MD 20785

301.773.4079 OFFICE ~ 301.773.2626 FAX

www.hpchristianacademy.org

How long have you known the applicant and in what capacity? _____

What words come to mind to describe the applicant? _____

What do you consider to be this student's greatest strength (both academically and personally)

Are you aware of any of the following concerning this student:

- Behavior (such as ADD/ADHD)
- Learning Difficulties
- Adjustment (social/emotional)
- Mental Health Issues

How well does the applicant respond to authority?

Very well _____

Satisfactorily _____

Needs Improvement _____

Is this student in good standing with your school? _____

ADDITIONAL COMMENTS

I recommend this student to Highland Park Christian Academy:

- Enthusiastically
- Confidently
- With Reservation
- Not Recommended (Please explain)

May we contact you if we have any further questions? _____

Phone: _____ Email: _____