



**Calvary Christian Academy**  
 806 Rhode Island Avenue, NE  
 Washington, DC 20018  
 Phone: 202.526.5176 • Fax: 202.354.5423  
[www.calvarychristianacad.org](http://www.calvarychristianacad.org)

“A comprehensive learning experience with Christian Education”

Mr. Bernard Perry, Principal • Mrs. E. Owens-Belcher, Vice Principal • Mr. Michael Owens, Dean

### Principal Recommendation Form

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current grade \_\_\_\_\_

Your Name \_\_\_\_\_ Title \_\_\_\_\_

Name of School \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

School Address \_\_\_\_\_

How long have you known this child? \_\_\_\_\_

How long has this child attended your school? \_\_\_\_\_

Has child ever been suspended?  Yes  No

Is this child a discipline problem?  Yes  No

Does this child have an IEP?  Yes  No *(If yes, please attach the IEP.)*

**Social Development**

	Advanced For Age	Appropriate for Age	Needs Development	Comments
Is supportive of peers				
Oral self-expression				
Is respectful, courteous, & nice				
Listens & follows directions				
Able to work independently				
Practices self control				
Comes to school on time				
Has the capacity to lead				
Has the capacity to follow directions				

**Academic Skill Development**

	<b>Advanced For Age</b>	<b>Appropriate for Age</b>	<b>Needs Development</b>	<b>Comments</b>
<b>Is attentive</b>				
<b>Listens in a group</b>				
<b>Contributes to group discussions</b>				
<b>Follows directions</b>				
<b>Works cooperatively</b>				
<b>Complete tasks</b>				
<b>Shows ability to focus on one task</b>				
<b>Responds positively to constructive criticism</b>				
<b>Shows an interest in learning</b>				
<b>Is willing to try new activities</b>				
<b>Is a self-starter</b>				
<b>Enjoys new challenges</b>				
<b>Exhibits problem-solving abilities</b>				
<b>Expresses ideas well</b>				
<b>Uses time wisely</b>				

Has the child had frequent or prolonged absences?  Yes  No

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

Have the parents met their financial commitments to your school?  Yes  No

Please explain the extent of parent involvement, if any, in your school \_\_\_\_\_  
\_\_\_\_\_

Please share any relevant comments on the student's personality, confidence, assertiveness, humor, maturity, degree of independence, or other qualities, attaching additional sheets if necessary. \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_