



Calvary Christian Academy
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“A comprehensive learning experience with Christian Education”

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

Teacher 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? _____

Is this child a discipline problem? Yes No

Has child ever been suspended? Yes No

Social Development

	Advanced For Age	Appropriate for Age	Needs Development	Comments
Practice self-control				
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

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

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 _____