



Pacific West Christian Academy

1575 A Mantelli Drive, Gilroy, CA 95020
 (408) 847-7922 fax (408) 847-3003

ASSOCIATION OF CHRISTIAN SCHOOLS INTERNATIONAL MEMBER

TEACHER RECOMMENDATION

Confidential personal recommendation to be completed by a **TEACHER**
 and mailed directly to the school.

Student name: _____ Applying for grade level: _____

The person named above is applying for admission to Pacific West Christian Academy. Your willingness in completing this recommendation form is greatly appreciated. All information will be held in strict confidence.

Circle the number that most accurately indicates his/her rating.

	Unacceptable								Superior	
1. ACADEMIC ACHIEVEMENT	1	2	3	4	5	6	7	8	9	10
2. STRENGTH OF CHARACTER	1	2	3	4	5	6	7	8	9	10
3. GROOMING	1	2	3	4	5	6	7	8	9	10
4. PERSONALITY	1	2	3	4	5	6	7	8	9	10
5. COOPERATIVENESS	1	2	3	4	5	6	7	8	9	10
6. LEADERSHIP POTENTIAL	1	2	3	4	5	6	7	8	9	10
7. SOCIAL ADJUSTMENT WITH PEERS	1	2	3	4	5	6	7	8	9	10
8. PERSONAL SPIRITUAL GROWTH	1	2	3	4	5	6	7	8	9	10
9. ACADEMIC POTENTIAL	1	2	3	4	5	6	7	8	9	10
10. STUDY HABITS	1	2	3	4	5	6	7	8	9	10
11. ABILITY TO WORK IN A GROUP	1	2	3	4	5	6	7	8	9	10

12. How long have you known the applicant? _____ In what capacity? _____

13. In what course(s) did you teach the applicant? _____

14. Do you recommend applicant as a desirable student in a Christian school?

Circle one: Not at all With reservation Mildly Strongly Enthusiastically

Please add any personal observations or comments on the back.

Name: _____ Position _____

School: _____ School Phone: _____

Signature: _____ Date: _____