

**HAMPTON CHRISTIAN ACADEMY**  
**Teacher Recommendation Form**  
**Grades 2-5**  
*Confidential*

**INSTRUCTIONS TO PARENTS:** Please complete items 1-6 and give the form to your son/daughter's teacher at his/her school. Ask that it be completed and returned directly to the Hampton Christian Academy Lower School office.

**To the Teacher:**

Please complete this recommendation for the named student. Your comments will be held in strict confidence.  
*(Please print or type)*

- 1). Applicant's Name \_\_\_\_\_ 2). Current Grade \_\_\_\_\_
- 3). School \_\_\_\_\_
- 4). Address \_\_\_\_\_
- 5). Date \_\_\_\_\_ 6). Signature of Parent / Guardian \_\_\_\_\_
- 7). How long have you known the applicant? \_\_\_\_\_
- 8). Please elaborate on this student's strengths and weaknesses (use back of this form if necessary).

**Please check the appropriate response for this student:**

	POOR	FAIR	AVERAGE	ABOVE AVG.	EXCELLENT	SUPERIOR
Academic Achievement						
Academic Potential						
Peer Relationships						
Integrity						
Conduct						
Attention Span						
Respect for Authority						
Parental Support						
Consideration of Others						

