



WHITTIER CHRISTIAN HIGH SCHOOL

STUDENT RECOMMENDATION TEACHER

To be completed by English, Math, Science or Social Studies teacher who knows the student best.

- INSTRUCTIONS (PARENTS):**
- Complete items **1** through **4**
 - Give this form to an academic classroom teacher at your son or daughter's current school
 - When completed, the current school can either email this form to the WCHS Admissions office at cmorrison@wchs.com or mail it to: WCHS Admissions Office, 501 N. Beach Blvd., La Habra, CA 90631

1 STUDENT'S LEGAL NAME: FIRST LAST	2 GRADE APPLYING FOR: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 SEMESTER APPLYING FOR: <input type="checkbox"/> Fall <input type="checkbox"/> Spring
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By signing this form, I and my son or daughter are waiving all rights to read this confidential form.

3 Signature of Parent or Guardian _____ **4** Date _____

The family of the student above has applied for admission for their son or daughter to Whittier Christian High School. The information you provide will be held in strict confidence. At no time will the applicant have access to this information. This is for use only by appropriate officials at the school. It will not become part of any permanent records. The Admissions Office of WCHS would appreciate your candid evaluation of this student to help process the application. Please complete this form and return to WCHS as soon as possible for application processing. Thank you for your time and input.

PLEASE PRINT

Name of Teacher	Name of School
Subject Area	Phone Number ()

Please indicate your opinion by checking the appropriate box for each of the items listed below:

RATING	EXCEPTIONAL	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR	NOT KNOWN
Overall Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math Reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative & Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior & Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty & Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(continued on reverse side)

Teacher Recommendation (continued)

STUDENT NAME:	FIRST	LAST
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Has the student ever been enrolled in a learning resource or special education program? Yes No Do not know

If yes, when? _____ Describe the program _____

Is there any information concerning this student that the staff needs to be aware of in order to provide the best opportunity for a successful learning experience? Please explain: _____

Special talents or aptitudes _____

Has the student been suspended from your class or been subject to any other serious disciplinary actions? Yes No

If yes, please explain: _____

Have you ever known the student to be involved with illegal drugs, alcohol, tobacco or sexual immorality? Yes No

If yes, please explain: _____

Please indicate the student's overall influence in your class (please check one).

- Very positive Good Acceptable Negative

Please comment as to why you would recommend this student for enrollment at Whittier Christian High School _____

Signature	Date
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SCHOOL STAMP REQUIRED