



NEW STUDENT RECOMMENDATION FORM

Student Name _____ **Grade** _____

An application has been submitted to Laura E. Mason Christian Academy for the above-named student. To assist us in providing the best educational placement for the student, the form must be completed by the student's prior teacher. Please return this form to the address below as soon as possible. Thank you for your assistance. Your response will, of course, be held in the strictest confidence. It will not be available for student review.

Please give the applicant a rating of 1-12 on each of the characteristics below. Place the rating number in the extreme right column. If you are unable to make a judgment, place a "?" in the rating column.

CHARACTERISTICS	1	2	3	4	5	6	7	8	9	10	11	12	SCORE
Health	Weak, often incapacitated			Low vitality			Good, average health			Vigorous health			
Personal Appearance	Undesirable			Careless			Neat, clean			Well-groomed			
Influence Upon Others	Detrimental			Passive			Helpful			Strong influence for good			
Integrity	Frequently dishonest; steals and/or cheats			Questionable at times			Basically honest			Consistently trustworthy & honest			
Friendships	Chooses friends of detrimental influence			Careless in choices of friends			Usually careful in choice of friends			Chooses friends with high standards			
Social Relationships	Disliked			Small circle of friends			Generally, well liked			Exceptionally well liked			
Judgment	Poor sense of values			Jumps to conclusions			Uses good common sense			Uses very good judgement			
Reliability / Trustworthiness	Often irresponsible			Must be supervised			Dependable			Conscientious and reliable			
Industry	Lazy			"Gets by"			Works well			Ambitious			
Cooperation	Self-centered			Cooperates at times			Cooperative			Always tries to please			
Emotional Stability	Tense, excitable, loses control			Occasionally too emotional, moody			Well-balanced			Self-controlled, serene, happy			
Spiritual Interest	Negative			Passive			Participates			Active, leader			

Intellectual Ability	Below average	Average	Above average	Superior	
-----------------------------	---------------	---------	---------------	----------	--

How long have you known the student? _____ In what relationship? _____

To your knowledge, has the applicant used any of the following: ☐ Alcohol ☐ Tobacco ☐ Illegal Drugs

Please note any disciplinary action, censure, suspension, expulsion, arrest, or probation that the applicant has experienced. (use a separate page if needed)

Other comments (use a separate page if needed)

Name of person completing the form (please print) _____

Relationship to Student _____

(Signature) (Date)

Address _____

City _____ State _____ Zip _____

Phone Number _____ ☐ Home ☐ Work ☐ Cell