



# JUNIOR AND SENIOR HIGH SCHOOL TEACHER RECOMMENDATION

CONFIDENTIAL

## TO THE PARENT/GUARDIAN

To help us make a make a prayerful and informed decision about the placement of your child, we must learn as much as possible about him or her. Please give this form to your child's teacher for evaluation, along with a stamped envelope addressed to: **King's Schools, Office of Admissions, 19303 Fremont Ave N MS#95, Seattle, WA 98133.**

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Student

Present Grade

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Teacher

Position

I/We give permission for the teacher to release information on this form to the school to which we are applying for admission. I/We understand that as parents we will not have access to this confidential information.

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Signature of Parent/Guardian

Date

## TO THE TEACHER

The student above is a candidate for admission to King's Schools. During the admissions process, we place considerable weight on the academic and personal qualifications of each applicant. This recommendation is vital to our process. Your comments and evaluation are used for admission purposes only and will not become a part of the candidate's permanent school record. Please answer all the questions. If an answer is not applicable, then please state so. We realize that completing this form is not part of your official duties and therefore, are particularly grateful for your time and attention. If you have any questions about this form, please call the Admission Office at (206) 289-7700. Thank you.

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How long and in what circumstances have you known the applicant?

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## TEST SCORES

Do the student's standardized test scores accurately match his or her ability?  Yes  No. If not, please explain.

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### ACADEMIC ABILITY AND PROMISE

In relation to other students you have known, please evaluate this student in the following areas to the best of your ability.

	Outstanding Top 5%	Above Average	Average	Below Average	No Basis for Evaluation
Written Expression	<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"/>
Mathematical Reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy and Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<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"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the applicant rates below average in any area, please elaborate. \_\_\_\_\_  
\_\_\_\_\_

Comments. We would appreciate your remarks in this area. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CHARACTER AND PERSONALITY

In relation to other students you have known, please evaluate this student in the following areas to the best of your ability.

	Outstanding Top 5%	Above Average	Average	Below Average	No Basis for Evaluation
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the applicant rates below average in any area, please elaborate. \_\_\_\_\_  
\_\_\_\_\_

Comments. We would appreciate your remarks in this area. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact you for a telephone conference?  Yes  No

Signed \_\_\_\_\_

School \_\_\_\_\_

Telephone Number \_\_\_\_\_