



3. What do you consider this applicant's greatest weakness to be as well? We appreciate your candor.

Please check the following descriptions that apply to the candidate:

4. On a scale of 1 to 10, please rate the applicant in each of the following areas (circle one number per area):

Personal Qualities:

	Needs much Improvement			Average				Needs no improvement			No opinion
	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Adaptability	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Ability to cooperate with others	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Leadership Qualities	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Communication Skills	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Initiative	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Peer Relations	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Overall Rating	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>

Classroom Qualities:

	Needs much Improvement			Average				Needs no improvement			No opinion
	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Classroom Conduct	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Ability to follow rules	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Attention	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Classwork Completion	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Homework Completion	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Listening Skills	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
On time attendance	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Organization	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Overall Rating	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>

Reading Ability:

	Needs much Improvement			Average				Needs no improvement			No opinion
	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Decoding	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Basic Comprehension	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Higher Level Thinking Skills	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Written Expression	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Mechanics of English and Grammar	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Vocabulary	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Overall Rating	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>

Mathematics Ability:

	Needs much Improvement			Average				Needs no improvement			No opinion
	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Skill Level	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Reasoning Ability	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Overall Rating	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>

**Please check one of the following:**

Recommend with enthusiasm for admission  Recommend for admission  Recommend with reservation  Do not recommend admission

Name of recommender (please print or type) \_\_\_\_\_

Position/title \_\_\_\_\_

Name of institution (school, organization, etc.) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Office ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Are you a currently/formerly affiliated with Calvary Christian School?  Yes  No If "yes," affiliation and dates \_\_\_\_\_

Thank you again for your contribution. Please see reverse side for mailing instructions.