

INSTRUCTIONS TO THE APPLICANT

Please complete the following before distributing the form.

Name of applicant \_\_\_\_\_
surname (family) first middle

Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Term Applying to: \_\_\_\_\_ Grade Applying to: \_\_\_\_\_

NOTE: This form is to be filled out by someone who is not a member of your family.

Name of recommender \_\_\_\_\_

TO THE APPLICANT: I understand this letter of evaluation is to be received and maintained in confidence by Calvary Christian School for admission and consideration for Admission status. I hereby expressly waive any and all rights I have of access to this evaluation under the Family Education Rights and Privacy Acts of 1974, The California Information Practices Act of 1977, and any or all other laws, regulations, or policies.

I agree to waive access to the statement I do not agree to waive access to the statement

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_

PLEASE MAIL OR GIVE THIS FORM TO YOUR RECOMMENDER ALONG WITH AN ENVELOPE.

INSTRUCTIONS TO THE RECOMMENDER

Please fill in the requested information as you feel qualified. Each applicant is evaluated from several perspectives before a final admission is granted. Among the indices which are evaluated are personal character, previous record, and academic potential. Mail or deliver this completed form to the applicant in the envelope provided or mail your recommendation directly to us. Please be sure to sign and seal the flap of the envelope. We ask, however, that you notify the applicant of your action. To avoid delays in processing the application, please promptly respond and mail the form to: Calvary Christian School, Office of Admission, 701 Palisades Drive, Pacific Palisades, CA 90272

ASSESSMENT OF APPLICANT'S ABILITIES

How long have you known the applicant? \_\_\_\_\_ years \_\_\_\_\_ months

In what capacity? \_\_\_\_\_

Please tell us how qualified you believe you are to judge/evaluate the applicant in each of the following areas:

Table with 5 columns: Unable to judge, Slightly qualified, Reasonably qualified, Highly qualified. Rows: Academic potential, Personal character.

For Questions 1 and 2, please rank the applicant in relation to his/her grade level peers.

1. In terms of her/his potential to succeed at Calvary academic work, I would rank the applicant (check one):

- In the bottom 50% In the top 50% In the top 25% In the top 10% In the top 5% In the top 2% Unable to judge

Upon what did you base this opinion? Please comments below.

2. What characteristics about the applicant would lead you to believe that she or he is suited to be a student at Calvary Christian School? Please focus on the applicant's personal and learning strengths and write your comments below.

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
Adaptability	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Responsibility	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Leadership	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Personal Maturity	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
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"/>
Work Completion	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Homework	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Listening	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Use of time	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"/>

Mathematics Ability:

	Needs much Improvement			Average				Needs no improvement			No opinion
Arithmetic Concepts/Skills	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Algebraic Concepts	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Geometric Concepts	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Mathematical Reasoning	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"/>

5. Have you noticed any signs of a possible learning difficulty? If so, please explain.

6. Does the applicant progress beyond required assignments? Yes or No?

7. Does the applicant demonstrate subject curiosity? Yes or No?

8. Please tell us the name of your math curriculum or any other information that help us to evaluate the applicant.

**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.