

English Teacher Recommendation Form
FOR INTERNATIONAL STUDENTS

Please Return to:
Westminster Christian School - Attn: Beth Lindberg
2700 West Highland Avenue - Elgin, IL 60123

Part 1: Student Information (to be completed by the family):

Student/Applicant's Name: _____

Family Name: _____

Family Address: _____

Date: _____ Grade Level Applying For: _____

Part 2: Teacher Evaluation (to be completed by the evaluating teacher)

As a part of the application process at Westminster Christian School, we ask our applicants to obtain teacher references. We would ask that you please answer the following questions as accurately and honestly as you can in order to help us better know this applicant. Upon completion of the evaluation, please return it directly to us either by mail or fax. Thank you for your help.

1. How long have you known the applicant and in what capacity? _____

2. Description of applicant (circle all that apply):

- | | | | | |
|-------------------------|---------------|------------------|--------------------|----------------------------|
| • Behavior | well-behaved | needs discipline | respects authority | does not respect authority |
| • Peer Influence | very good | good | indifferent | bad very bad |
| • Attitude | very positive | positive | negative | very negative |
| • Leadership | leader | leads when asked | follower | not participatory |
| • Authority | respectful | disobedient | antagonistic | sometimes respectful |

3. How would you rate this applicant academically?

above average average below average capable of better work

4. Describe the applicant's academic effort including following instructions, attentiveness, etc:

5. Would you recommend admitting this student to a Christian School?

yes no with reservation

6. Please use the reverse side of this form for any further comments you feel might be helpful in our understanding of this student:

Printed Name / Position

e-mail address

Signature

Date

School

Address

**Math Teacher Recommendation Form
FOR INTERNATIONAL STUDENTS**

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Family Name: _____

Family Address: _____

Date: _____ Grade Level Applying For: _____

Part 2: Teacher Evaluation (to be completed by the evaluating teacher)

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7. How long have you known the applicant and in what capacity? _____

8. Description of applicant (circle all that apply):

- | | | | | |
|-------------------------|---------------|------------------|--------------------|----------------------------|
| • Behavior | well-behaved | needs discipline | respects authority | does not respect authority |
| • Peer Influence | very good | good | indifferent | bad very bad |
| • Attitude | very positive | positive | negative | very negative |
| • Leadership | leader | leads when asked | follower | not participatory |
| • Authority | respectful | disobedient | antagonistic | sometimes respectful |

9. How would you rate this applicant academically?

above average average below average capable of better work

10. Describe the applicant's academic effort including following instructions, attentiveness, etc:

11. Would you recommend admitting this student to a Christian School?

yes no with reservation

12. Please use the reverse side of this form for any further comments you feel might be helpful in our understanding of this student:

Printed Name / Position

e-mail address

Signature

Date

School

Address