

Please mail responses to or give to student in a sealed envelope:

Admissions Office
Christ the King Prep
239 Woodside Ave.
Newark, NJ 07104

Teacher Recommendation Form

Student Name: _____ Date: _____

Student E-mail: _____

Student Phone #: _____ D.O.B.: _____

Student Address: _____ City: _____ Zip: _____

Teacher's Name: _____

Courses Taught: _____

School Name: _____ School Phone #: _____

Principal's Name: _____ School Fax #: _____

SCHOOL OFFICIAL *Please complete and sign this section of the form. Feel free to attach additional sheets of paper if responding in depth to any portion of this section. Information on this form will remain confidential and will not be shared with parents. Please mail this form directly to the Office of Admissions at Christ the King.*

Academic Ability	<i>Excellent</i>	<i>Good</i>	<i>Aug.</i>	<i>Below Ave.</i>	<i>Severe</i>
EXCELLENT Very little-to-no supports necessary for success	GOOD When self-motivated, could succeed without support	AVERAGE Could stand to utilize the supports offered to be successful	WEAK It will be necessary for applicant to utilize supports to be successful	SEVERE Ctk may not offer the support necessary	
Recall/Retention ability					
Verbal ability					
Writing ability					
Mathematical ability					
Reading ability					
Comprehension					
Creative ability					
Intellectual curiosity					
Ability to grasp to concepts					
Motivation					

Classroom Performance	<i>Excellent</i>	<i>Good</i>	<i>Aug.</i>	<i>Below Ave.</i>	<i>Severe</i>
Classroom achievement					
Participation in discussions					
Writing mechanics					
Quality of written idea					
Work habits					
Ability to follow directions					
Preparation for class					
Classwork completion					
Accuracy					
Constructive Criticism					

Personal Abilities	<i>Excellent</i>	<i>Good</i>	<i>Aug.</i>	<i>Below Ave.</i>	<i>Severe</i>
Maturity for grade					
Perseverance					
Self-confidence					
Willingness to serve					
Relationship with peers					
Relationship with adults					
Creative & Innovative					
Intellectual curiosity					
Ability to grasp to concepts					
Motivation					

School Behavior	<i>Excellent</i>	<i>Good</i>	<i>Aug.</i>	<i>Below Ave.</i>	<i>Severe</i>
Response to constructive criticism					
Willingness to seek needed help					
Adaptable & open to growth					
Accurate: Careful, precise, free from error					
Ability to work in a group					
Ability to work independently					
Attention span					
Interaction with peers					
Respect for others					
Conduct					

Service/Lead/Pray	<i>Excellent</i>	<i>Good</i>	<i>Aug.</i>	<i>Below Ave.</i>	<i>Severe</i>
Willingness to serve					
Willingness to befriend others					
Leadership, pride, loyalty, attitude					
Spiritual & Personal Development					
School involvement					

Please circle the words that describe this student:

- | | | | | | | |
|------------------|---------------|-------------|--------------|------------------|-----------------|-------------------|
| Articulate | Dedicated | Hardworking | cheerful | compassionate | Aggressive | distractible |
| Perfectionist | vivacious | Optimistic | energetic | Confident: | Disobedient | restless |
| Organized | conscientious | Independent | popular | Humorous | follower | impulsive |
| Responsible | honest | loner | social | <i>Dependent</i> | Irresponsible | irritable |
| self-disciplined | discouraged | passive | assertive | anxious | negative leader | Easily frustrated |
| Sympathetic | Amiable | Attentive | Broad-minded | Overprotected | dishonest | Self-centered |

Please comment on the student-parent relationship.

Is there information on this form that you would prefer to communicate by telephone?

_____ Yes _____ No If yes, the Admissions Office will contact you.

Evaluator's Name (printed): _____ Position/School: _____

Email: _____ Telephone: _____

Signature: _____ Date: _____