

# Park Row Christian Academy Teacher Recommendation

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**Applicant Name:** \_\_\_\_\_

**Current Grade:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Parent Statement

I, the undersigned, understand that this is a confidential evaluation. My signature herein recognizes that fact and authorizes the person named below to candidly evaluate my child, with the assurance that I will not see this evaluation upon its completion.

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

The above-named student is applying for admission to Park Row Christian Academy. Please help us become better acquainted with the applicant by completing this form and returning it directly to the school.

•How long have you know the applicant?

•What is your relationship to the applicant?

•To your knowledge does the student have any of the following:

\_\_\_ Learning Disabilities

\_\_\_ Hyperactivity or Attention Deficit Disorder

\_\_\_ Emotional Problems

•Has the applicant participated in:

\_\_\_ Special Education classes

\_\_\_ Speech Therapy

\_\_\_ Content Mastery

\_\_\_ ESL

•From the list below, circle three words that best describe the applicant:

Aggressive

Daydreamer

Intelligent

Slow

Ambitious

Disobedient

Leader

Sneaky

Athletic

Distractible

Obedient

Troubled

Caring

Energetic

Perfectionist

Trustworthy

Cheerful

Hyperactive

Persevering

Underachiever

Clown

Industrious

Rebellious

Other:

•Describe this student’s approach to learning.

•Has outside enrichment, tutoring, or testing been recommended? If yes, please explain.

•Please comment on parental expectations and attitude toward the applicant and your school.

Compared to other students this age with whom you have dealt, please rate this student in the following areas.

	Excellent	Above Average	Average	Below Average	Not Known
Attitude					
Christian values					
Completes Assignments					
Concern for others					
Creative qualities					
Emotional maturity					
Growth potential					
Leadership					
Motivation					
Overall behavior					
Personal appearance					
Personal Initiative					
Relationship with parents					
Relationship with peers					
Respect for authority					
Self-confidence					
Self-discipline					
Writing ability					

**Please mail directly to:**  
 Park Row Christian Academy  
 915 West Park Row Drive  
 Arlington, TX 76013

or

**Fax**  
 817-277-1365  
 Attn: Admissions Director

Name \_\_\_\_\_

Title / Subject Taught \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_