

# McKinney Christian Academy

## Confidential Student Recommendation

### Math Teacher

**\*\*To be completed if applying for Grades 2-12**

Applicant's Name: \_\_\_\_\_ Grade applying for: \_\_\_\_\_

**School Official:** The above named student has made application to McKinney Christian Academy. The Admissions Office finds that an evaluation from the applicant's current teacher is invaluable in the decision-making process. Please complete and return the recommendation quickly to ensure that the applicant receives prompt consideration.

**Parents:** Please forward this recommendation form to your child's Math Teacher. Applicants in a self-contained classroom will need to have the teacher complete two recommendation forms, one for math and one for English. I hereby authorize the release of my child's records and evaluative data to McKinney Christian Academy.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

The following is to be completed by the applicant's teacher. Please rate the applicant as candidly as you can in each area:

<b>Academic Rating:</b>	<b>Superior</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>
Critical Thinking				
Mathematical Aptitude				
Number Concepts				
Motivation				
Ability				
Classroom Behavior				

#### **Personal Characteristics:**

Energy and Initiative				
Leadership				
Responsibility				
Self-Confidence				
Warmth of Personality				
Sense of Humor				
Concern for Others				
Reaction to Criticism				
Reaction to Setbacks				
Maturity				
Good Judgment				
Self-Discipline				
Personal Appearance				
Attendance				

What do you consider to be the applicant's greatest strengths?

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What do you consider to be the applicant's greatest weaknesses?

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

**Please check one of the following:**

- I highly recommend. \_\_\_\_\_  
I recommend. \_\_\_\_\_  
I recommend with reservations. \_\_\_\_\_  
I do not recommend. \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

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

**Please return to:**

Admissions Office  
McKinney Christian Academy  
3601 Bois D'Arc Rd.  
McKinney, TX 75071  
Phone – (214)544-2658, ext. 4101  
Fax – (972)542-5056

Thank you!