

CREATIVE Learning Academy

Independent • Innovative • Community

CONFIDENTIAL TEACHER RECOMMENDATION

(For students applying to Grades 6 – 8)

Student's Name: _____ **Date:** _____

DOB: _____ **Application to Grade:** _____ **Length of time at current school:** _____

My child is being considered for admission at Creative Learning Academy. As parent or legal guardian, I authorize release of this confidential recommendation form. I understand that this information will be used to make an admissions decision and will not be made available for student or parent review.

Parent Signature

Date

Creative Learning Academy is an independent, non-sectarian school for students age 3 through the 8th grade. We carefully evaluate students at the admissions stage to ensure that they will be successful in our program and your objective feedback is greatly appreciated. You may indicate your ratings by circling the appropriate box. Please use a question mark where you have insufficient evidence on which to make a judgment. If you wish to discuss the student personally rather than complete this form, please check here _____, sign the form, and note your telephone number. Your cooperation in filling out this form in the most objective and candid way is greatly appreciated.

Please provide feedback on the applicant by checking the appropriate spaces.

EVALUATION AREA	Exceptional	Above Average	Average	Below Average	Poor
Academic					
Academic Ability					
Academic Achievement					
Work Habits/Character					
Initiative & Drive					
Study Habits					
Exhibits Positive Peer Relationships					
Accepts Responsibility					
Academic Recommendation	Outstanding	Excellent	Good	Fair	Poor
Character Recommendation	Outstanding	Excellent	Good	Fair	Poor

Is the applicant in good standing and eligible to re-enter your school if you offer the next grade? *If no, please explain.*

Has this student been subject to disciplinary actions (including on or off campus suspension)? *If yes, please explain.*

Does the applicant have any observed or diagnosed physical, social, or emotional limitations?

How would you compare this student to others whom you have observed in similar circumstances? (e.g. below average, fair, good, excellent, outstanding, one of the top few I have encountered in my career)

What specific interests or strengths does this child exhibit in the classroom?

What skills or activities are difficult for this child and how does he/she manage these challenges?

Have parents been supportive of your program and are their expectations of their child realistic?

As the student's application will not be considered for admission until this form is completed, we appreciate your prompt and candid response.

Teacher/Director Signature: _____

Printed Name: _____

Name of School _____

Phone# _____ E-mail: _____

Please mail, e-mail or fax directly to:
Creative Learning Academy
Admission Office
3151 Hyde Park Rd.
Pensacola, FL 32503
FAX: 850-432-1896 Phone: 850-432-1768
E-mail: admissions@creativelearningacademy.org