

Educator Recommendation

(Grades K-12)

	/		For School Year:			
Ар	plicant Information (to be completed by ap	olicant; please attach a stamped envelope addressed to	Admission, GPCS)			
Stuc	dent Name:	Date of Birth:	Applying for Grade:			
Pai	rent/Guardian Waiver					
I he	reby waive my right to access this recommend	lation and authorize				
		Name of Teacher	•			
the com	information contained on this Educator Recomme	ristian School for purposes of my child's application to endation form is confidential and will be used only in agree that this completed form will not be available to y right that I may have to see it.	the selection of applicants and will not be			
Par	ent's/Guardian's Signature	Parent's/Guardian's Name Printed	Date			
Dea	r Teacher/Guidance Counselor/School	Administrator:				
viewe and s stant	ed until we receive your evaluation. If the applic will not be shared with the parent/guardian, no	to Greater Portland Christian School, has given your rant's parent/guardian has signed the waiver above, you will it become a part of the student's permanent restructed student's profile to be used in our assessment proce his recommendation:	your response will be treated confidentially cord. Understanding that students are con			
	winload the fillable PDF form at http://gpcs.net/admission/admission-forms/, enter your responses, save the document, print and sign in mail it (along with this waiver signed by the parent) in the attached stamped, self-addressed envelope.					
	Complete and sign this paper form and either	email it to office@gpcs.net or mail it in the attached s	tamped, self-addressed envelope.			
	Discuss this student personally rather than comp You will be contacted by an administrator.	lete a form. On the next page at the bottom please print	your name and note your telephone number			
How	long have you known the student and in what co	apacity?				

Character & Personality Traits	Advanced for age	Age Appropriate	Needs Develop- ment	Not at acceptable level	Comments
Conduct					
Leadership					
Maturity					
Social relationship with peers					
Self-confidence					
Integrity					
Sense of humor					
Sense of responsibility					
Interaction with teachers/adults					
Participation in life of the school					
Creativity					
Response to authority					
Concern for others				_	

Academic Traits	Advanced for age	Age Appropriate	Needs Development	Not at acceptable level	Comments				
Academic potential									
Academic achievement									
Self-motivation									
Effort/initiative									
Study habits/organization of work									
Intellectual curiosity									
Level of engagement									
Commitment to homework									
Ability to follow directions									
Ability to work in a group									
Ability to express ideas orally									
Ability to express ideas in writing									
Attendance									
Participation in class									
□ Hearing □ Speech/Language □ Other: Does the student have any outstanding abilities of which we should be aware? □ Yes □ No If yes, please share: What is this student's greatest academic strength? What is the student's greatest academic need? Does the student have any significant limitations that affect school performance? □ Yes □ No									
Have the parents been cooperative with the school in the training and education of their child?									
Has the student ever been referred to the school administration for disciplinary action? If so, please explain: Yes No									
Is applicant eligible to re-enter your school for the next term?									
Please mail (address at bottom) or email to the GPCS Admission Office (office@gpcs.net). Please feel free to include any additional information; you may indicate below your signature that you would prefer a call. Thanks so much for your assistance!									
Educator Signature				Title					
☐ Please call me at:				_					
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