



CONFIDENTIAL TEACHER RECOMMENDATION

PCAA

Note: This form is to be returned directly to PCAA by the person completing this form and NOT by the Parent.

ELEMENTARY APPLICANTS- 1ST - 6TH GRADES

Attention Teacher:

Your insight and evaluation of the following applicant will be helpful as we consider this student's application. The information you provide will be strictly confidential. Thank you for taking the time to complete this evaluation.

Applicant's Name: _____ Applying for grade: _____

Academic Evaluation
Please Check Appropriate Ratings

Student Needs/ Behavior/Conduct		Fair	Average	Above Average	Excellent
1) Measured Academic Growth					
2) Self-Motivation					
3) Study Habits					
4) Follows Directions					
5) Ability to Concentrate					
6) Ability to Write					
7) Ability to Express Ideas Orally					
8) Computational Skill (Math)					
9) Problem-solving Ability (Math)					
10) Critical and Abstract Thinking					

Teacher General Comments (Include academic supports student receives: _____

Teacher Name (Printed) _____ Signature _____
Email _____ Phone _____