

# Lower School Recommendation Form



**ORANGEWOOD**  
CHRISTIAN SCHOOL

1300 W. Maitland Blvd., Maitland, FL 32751  
P. 407.339.0223 | F. 407.339.4148 | [www.orangewoodchristian.org](http://www.orangewoodchristian.org)

Student's Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Permission is given to release the information below.

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

\_\_\_\_\_  
Date

DEAR TEACHER:

The above student has applied to Orangewood Christian School. Please fill out this form and return it by mail to Orangewood Christian School. Thank you for your help.

Please rate the student in the following areas according to this scale:  
E—Excellent G—Good S—Satisfactory N—Needs Improvement P—Poor

_____ General attitude	_____ Ability to work on task	_____ Cooperation
_____ Effort	_____ Ability to follow directions	_____ Respect for teacher
_____ Self help skills	_____ Respect for other students	_____ Language development
_____ Math skills	_____ Large motor development	_____ Fine motor development

Describe any factors that might affect the student's academic progress.

\_\_\_\_\_  
\_\_\_\_\_

Describe any factors or discipline problems that affect the student's ability to function well in the classroom.

\_\_\_\_\_  
\_\_\_\_\_

For what grade or grades did you teach this student? \_\_\_\_\_

Will this student be promoted to the next grade?  Yes  No  I don't know

School Phone \_\_\_\_\_ Attendance record: \_\_\_ Satisfactory \_\_\_ Unsatisfactory

School Name \_\_\_\_\_

School Address/City/State/Zip \_\_\_\_\_

Dates the child attended this school \_\_\_\_\_

Teacher's Name \_\_\_\_\_

This information may  or may not  be discussed with parents.

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date