



Teacher Recommendation

For Parents Only

Name of Applicant _____ Grade _____

The above named student is seeking admission to New Covenant School of Anderson, SC.
If you wish to discuss the student personally rather than complete this form, please indicate below, sign the back of the form, and include your telephone number.

_____ I prefer to discuss the student personally (please provide contact information on back of form)

Please circle your response to the following areas. The scale is as follows.

1-Superior 2-Above Average 3-Average Ability 4-Marginal Ability 5-Poor Student 6-Unable to Rate

Academic Ability	1	2	3	4	5	6
Independent Work/Study Habits	1	2	3	4	5	6
Integrity	1	2	3	4	5	6
Conduct	1	2	3	4	5	6
Motivation	1	2	3	4	5	6
Attitude and Cooperation	1	2	3	4	5	6
Maturity and Stability	1	2	3	4	5	6
Overall Recommendation as a Student	1	2	3	4	5	6

Please elaborate on any abilities or deficiencies: _____

Continued on back

1. Does the student have any specific limitations?

2. Has there been a need for administrative involvement in disciplinary action regarding this student?

Yes No If yes, please explain _____

3. Please circle level of parental involvement: Very Often Often Seldom Never

4. Do you recommend the student to New Covenant School? Yes No

Why or Why Not? _____

Name (please print)

Signature

Title

School

Telephone Number/Email address

*After completion, please mail directly to Administrator,
New Covenant School, 303 Simpson Road, Anderson, Anderson, SC 29621*