



WOODSTREAM CHRISTIAN ACADEMY

REFERENCE TO FAX OR MAIL TO:
Woodstream Christian Academy
ATTN: Registration Office
9800 Lottsford Rd
Mitchellville MD 20721
301.955.1160 voice
301.955.1150 fax

Recommendation Form

Logic and Rhetoric

Part 1 – Parent to fill out

Name of student: _____ Date: _____
Last First Middle

Current School: _____ Current Grade: _____
Name Location

Person making recommendation: _____
Name Relationship to Student

Waiver of Access

I hereby waive my right as a parent and student (granted under the Family Education Rights Privacy Act of 1974) to this confidential recommendation, provided it is solely used for the purposes of admission to Woodstream Christian Academy.

Parent Signature Date

Student Signature Date

Part 2 – Reference to fill out

To be filled out by the applicant's Principal, Guidance Counselor, Math Teacher, English Teacher or Pastor

How long have you known the applicant? _____

How well do you know the applicant?

- by name and sight only by a number of personal contacts fairly well we have a very close relationship

Please rate the applicant in the following categories:

- | | | | | |
|--|--|---|---|--|
| <i>Academic Ability:</i> | <input type="checkbox"/> exceptional | <input type="checkbox"/> above average | <input type="checkbox"/> average | <input type="checkbox"/> below average |
| <i>Judgment:</i> | <input type="checkbox"/> super | <input type="checkbox"/> appropriate | <input type="checkbox"/> deficient | |
| <i>Initiative:</i> | <input type="checkbox"/> resourceful | <input type="checkbox"/> relies on others | <input type="checkbox"/> needs constant supervision | |
| <i>Parental Support:</i> | <input type="checkbox"/> exceptional | <input type="checkbox"/> average | <input type="checkbox"/> uncooperative, critical | |
| <i>Leadership:</i> | <input type="checkbox"/> outstanding | <input type="checkbox"/> average | <input type="checkbox"/> capable | |
| <i>Emotional Stability:</i> | <input type="checkbox"/> well-balanced | <input type="checkbox"/> some problems | <input type="checkbox"/> many problems | |
| <i>Attitude toward School:</i> | <input type="checkbox"/> enthusiastic | <input type="checkbox"/> average | <input type="checkbox"/> apathetic | |
| <i>Student's Dominant Learning Style:</i> | <input type="checkbox"/> kinesthetic/tactile | <input type="checkbox"/> visual | <input type="checkbox"/> auditory | |
| <i>Student Conduct:</i> | <input type="checkbox"/> exceptional | <input type="checkbox"/> above average | <input type="checkbox"/> average | <input type="checkbox"/> below average |
| <i>Overall, I would rate the student as:</i> | <input type="checkbox"/> outstanding | <input type="checkbox"/> above average | <input type="checkbox"/> average | <input type="checkbox"/> below average |

"Woodstream Christian Academy, I (highly recommend recommend do not recommend) this student to you."

Other Comments: _____

Signature Printed Name Title Date