

## Teacher Recommendation Form

To be completed by student:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I waive my right to view this recommendation and agree that it should be confidential information for the administration at Beth Haven Christian School.

\_\_\_\_\_  
Student Signature

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

To be completed by teacher:

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

Phone number: \_\_\_\_\_

Subject area taught: \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

Do you interact with the student outside of the classroom? \_\_\_\_\_ If so, in what capacity? \_\_\_\_\_

Please select the most appropriate response for each quality:

The student demonstrates the following:

	Seldom				Always
Christ-centered life	1	2	3	4	5
Cooperative	1	2	3	4	5
Diligent	1	2	3	4	5
Hard Working	1	2	3	4	5
Helpful to Others	1	2	3	4	5
Honestly	1	2	3	4	5
Respectful	1	2	3	4	5

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete and mail to Admissions: Beth Haven Christian School, 5515 Johnstontown Road, Louisville, KY 40272 or fax to 502-937-3364 or email to [jbaker@bethhaven.com](mailto:jbaker@bethhaven.com)