

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 Johnsontown Road, Louisville, KY 40272 OR
fax to 502-937-3364.