



EDUCATOR RECOMMENDATION

Section 1: To be completed by a parent or guardian.

Student's Name: _____ Date: _____

Releasing School: _____

Address, City, State, ZIP: _____

I give my permission for the following information to be released to Columbus Adventist Academy.

Parent's Signature: _____ Date: _____

Section 2: To be completed by the referring party.

This student is being considered for admission to Columbus Adventist Academy. Your assistance in evaluating this student would be most appreciated. This form can be completed by the student's teacher, principal, vice principal, or guidance counselor.

Academic Performance	Excellent	Good	Average	Below	Poor	Unknown
Academic achievement						
Academic potential						
Ability to work in a group						
Ability to work independently						
Classroom behavior						
Classroom participation						
Reading comprehension						
Math comprehension						
Oral expression						
Written expression						
In-class work habits						
Homework habits						
Creativity						

Personal Characteristics	Excellent	Good	Average	Below	Poor	Unknown
Relationships with peers						
Relationships with adults						
Sense of fair play						
Self-confidence						
Initiative						
Perseverance						
Level of responsibility						
Emotional maturity						
Extracurricular participation						

To your knowledge, has the applicant:

- had any history of involvement with drugs, alcohol, or juvenile delinquency?
 Yes No Explain: _____
- ever been suspended or expelled?
 Yes No Explain: _____
- had any history of conduct or behavior problems?
 Yes No Explain: _____
- had any history of learning disability or has he or she required any special help to meet academic requirements?
 Yes No Explain: _____

Please indicate your recommendation for this student enrolling and being successful at CAA.

- Highly recommend
- Recommend
- Recommend with reservations Explain: _____
- Do not recommend Explain: _____
- I do not know this applicant well enough to make a recommendation.

* This recommendation will be considered confidential and will not become part of the student's school records should he or she be admitted. Please feel free to explain your recommendation and/or make any additional comments below.

Additional Comments: _____

Person Completing the Form: _____ Position: _____

Signature: _____ Date: _____

Please return by fax (614-471-5035) or by mailing to Columbus Adventist Academy, 3650B Sunbury Road, Columbus, OH 43219.

Columbus Adventist Academy recruits and admits students of any race, color, or ethnic origin to all its rights, privileges, programs, and activities. In addition, the school will not discriminate on the basis of race, color, or ethnic origin in the administration of its educational programs and athletics/extracurricular activities. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation. Columbus Adventist Academy will not discriminate on the basis of race, color, or ethnic origin in the hiring of certified or noncertified personnel.