

ROCK SPRINGS CHRISTIAN ACADEMY

RSCA Mailing Address: 219 Rock Springs Road, Milner, Georgia 30257

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Teacher Reference Form: K5-High School

Parents: Please complete the top of this confidential form before giving it to your teacher.

Applicant's Name _____ Entering Grade _____

As primary guardian for this applicant, I waive the right to read this completed Teacher Reference and understand that it will be held in strict confidence by RSCA.

Parent / Guardian Signature _____ Date _____

Educator: The above student has applied for admission to Rock Springs Christian Academy. Your confidential assessment of this student's strengths and needs are appreciated.

Please mail or fax directly to the school. All responses will remain confidential.

	Excellent	Good	Average	Below Average
Ability to stay on task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward academics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude of peers toward child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership/Responsibility/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conversational Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematical Concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family's relationship with school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the student ever been disciplined or suspended for violating a school rule? () Yes () No If yes, please explain.

How long have you known the applicant? _____

What are the first words that come to mind in describing this student? _____

What do you consider to be the student's greatest strength, academically and personally?

Do you recommend this student for admission to Rock Springs Christian Academy? () Yes () No

Are you related to the student or the family? () Yes () No

Do you have any concerns that we should be aware of relative to the admission of this applicant? () Yes () No

If yes, please explain below:

Are there any emotional, social, or physical problems the student may have?

Name _____ Signature _____

Address _____ Phone _____