



## Southside Christian School Teacher Recommendation Form (2019-2020) For Students Grades 6 – 12

**Teacher:** Your recommendation is highly valued by us as we consider this student for admission to Southside Christian School. We at SCS ask that you complete this form carefully and return it directly to our Upper School Admissions Office at [mepatton@scswarriors.com](mailto:mepatton@scswarriors.com) or mail it to Southside Christian School to the attention of the Upper School Admissions at 299 Carlton Street, Clayton, NC 27520.

Student's Name: \_\_\_\_\_  
   (Last)  (First)  (Middle)  (Current Grade Level)

1. How long have you known the student? \_\_\_\_\_
2. What words or phrases immediately come to mind when describing this student? \_\_\_\_\_  
 \_\_\_\_\_
3. What observations concerning strengths, weaknesses, health or special needs are there in regards to this student?  
 \_\_\_\_\_  
 \_\_\_\_\_

How do you rate this student in the following areas:

Personal Qualities	Excellent	Above Average	Average	Below Average	No Opportunity to Observe
Leadership					
Punctuality					
Responsibility					
Initiative (self-starter)					
Reaction to criticism					
Reaction to setbacks					
Respect accorded by peers					
Respect accorded by adults					
Emotional stability					
Cooperativeness (team worker)					
Attitude toward authority					
Integrity and honesty					
Reaction to stress					

4. Please share with us any information you may have about the student that would help in our evaluation. This information could cover recent experiences or incidents in the student's life, or even a general personality appraisal.

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5. How do you support this student's request for admission to Southside Christian School?

Enthusiastically  Strongly  Fairly Strongly  Without Enthusiasm  Not Recommended

6. What disciplinary actions have been taken with this student? Brief description and dates.

Suspension(s): \_\_\_\_\_

Action Plan(s): \_\_\_\_\_

Detention(s): \_\_\_\_\_

Other: \_\_\_\_\_

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Teacher's Name: \_\_\_\_\_ School's Phone Number: \_\_\_\_\_

School's Name: \_\_\_\_\_

School's Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Teacher's Signature: \_\_\_\_\_