



# CALVARY CHRISTIAN HIGH SCHOOL

## Teacher Recommendation for Course Selection (Honors /AP) CONFIDENTIAL

Student Name: \_\_\_\_\_

This recommendation is for the following course: \_\_\_\_\_

### Confidentiality Waiver

I agree any information provided in writing or verbally shall be confidential and I waive my right to access any information provided to Calvary Christian High School.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

**To the Teacher:** The student named above has been accepted to Calvary Christian High School. You have taught this student in the past and have valuable insight into his/her abilities and knowledge base. We would appreciate very much if you could complete and return this recommendation form by fax, mail, or email to [teacherrecommendations@cchs.us](mailto:teacherrecommendations@cchs.us).

	One of the top few I have ever taught.	Above Average	Average	Below Average	No basis for comparison
	4	3	2	1	0
Actively Engaged in Learning	4	3	2	1	0
Assimilation of New Concepts	4	3	2	1	0
Completes Assignments on time	4	3	2	1	0
Effort/Determination	4	3	2	1	0
Oral Communication	4	3	2	1	0
Organization Skills	4	3	2	1	0
Problem Solving	4	3	2	1	0
Reading Comprehension	4	3	2	1	0
Study Habits	4	3	2	1	0
Works and plans ahead	4	3	2	1	0
Written Expression	4	3	2	1	0
TOTAL					

TOTAL POINTS \_\_\_\_\_

**I have taught the student in the subject area for which he/she is now applying for in Honors or Advanced Placement.**

Recommending Teacher \_\_\_\_\_

Teacher Signature \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Comments (optional): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please return the completed form to:**

Calvary Christian High School

110 N. McMullen Booth Road

Clearwater, FL 33759

(727) 440-2247 Fax (727) 461-5421

[teacherrecommendations@cchs.us](mailto:teacherrecommendations@cchs.us)