



FLUSHING CHRISTIAN SCHOOL Teacher's Recommendation Form

To be completed by student's previous teacher.
You may email the completed form to: shan@fcsnyc.org

_____ (student's name) has applied for admission to Flushing Christian School. Please complete the reference form below and return in the envelope provided. Please rate the child on a scale of one to five. (One = poor and five = excellent)

Follows instructions:	1	2	3	4	5
Accepts responsibility:	1	2	3	4	5
Is considerate of others:	1	2	3	4	5
Is consistent in work:	1	2	3	4	5
Works to ability:	1	2	3	4	5
Respects authority:	1	2	3	4	5
Uses time wisely:	1	2	3	4	5
Practices self- control:	1	2	3	4	5
Appropriately mature:	1	2	3	4	5
Gets along well with others:	1	2	3	4	5

Reading Grade Equivalent: _____

Math Grade Equivalent: _____

Additional comments _____

Teacher's Name (Please Print)

Name of School

Signature