



Beacon Hill Classical Academy
Teacher Recommendation Form
Grades K-1

To the Parent:

Please complete the top portion of this form and give to your child's current teacher along with a stamped envelope addressed to Beacon Hill Classical Academy, 5235 Mission Oaks Blvd. #272, Camarillo, CA 93012

Name of Applicant: _____ Current Grade: _____
Administrator Name: _____ Specific Title: _____
School Name: _____ School Phone: _____ - _____ - _____

Please read and sign the statement below:

My child is an applicant for admission to Beacon Hill Classical Academy. I acknowledge that I waive my right to read the confidential teacher recommendations and the school report.

Name of Applicant's Father/Guardian _____ Phone: _____ - _____ - _____
Signature of Applicant's Father/Guardian _____ Date: _____
Name of Applicant's Mother/Guardian _____ Phone: _____ - _____ - _____
Signature of Applicant's Mother/Guardian _____ Date: _____

To the Teacher:

Beacon Hill Classical Academy is a classical school with an accelerated academic pace and an emphasis on faith and character. With this in mind, please complete the following form. Feel free to photocopy your completed form and send it directly to the school. This recommendation will remain confidential and will not become part of the student's permanent academic record; please be sure the parent has signed above. We sincerely appreciate your cooperation and candor in assessing the student named above.

Teacher Name: _____ School: _____
Teacher Signature: _____ Date: _____
Specific Job Title: _____
I have known this student for _____ (length of time, preferably at least 1 year)
Phone: _____ Email: _____

Please check the appropriate descriptor:

<u>Social/Emotional</u>	Exceptional	Very Good	Average	Below Average	Not Applicable
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to obey/follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude of peers toward student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to ask for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separates easily from parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>Academic/Intellectual</u>	Exceptional	Very Good	Average	Below Average	Not Applicable
Small motor coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large motor coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conversational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neatness/organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counting skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-reading/Reading skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity and Imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please CIRCLE the best descriptor in each category:

Social adjustments with peers

Healthy relationships
Occasional minor problems
Frequent minor problems
Relates poorly
No basis for judgment

Integrity

Very trustworthy
Usually trustworthy
Occasionally trustworthy
Untrustworthy
No basis for judgment

Sense of Humor

Delightful
Good
Inappropriate
Humorless
No basis for judgment

Self-Confidence

Has healthy self-image
Needs some support
Appears overly confident
Needs much reassurance
No basis for judgment

Consideration of Others

Unusually thoughtful
Usually considerate
Rarely considerate
Selfish
No basis for judgment

Attitude of Parents

Cooperative
Uninvolved
Overly protective
Antagonistic
No basis for judgment

Maturity

Very mature
Appropriate
Somewhat immature
Very immature
No basis for judgment



Beacon Hill Classical Academy

Teacher Recommendation Form

Grades 2-3

To the Parent:

Please complete the top portion of this form and give to your child's current teacher along with a stamped envelope addressed to Beacon Hill Classical Academy, 5235 Mission Oaks Blvd. #272 Camarillo, CA 93012

Name of Applicant: _____ Current Grade: _____

Administrator Name: _____ Specific Title: _____

School Name: _____ School Phone: _____ - _____ - _____

Please read and sign the statement below:

My child is an applicant for admission to Beacon Hill Classical Academy. I acknowledge that I waive my right to read the confidential teacher recommendations and the school report.

Name of Applicant's Father/Guardian _____ Phone: _____ - _____ - _____

Signature of Applicant's Father/Guardian _____ Date: _____

Name of Applicant's Mother/Guardian _____ Phone: _____ - _____ - _____

Signature of Applicant's Mother/Guardian _____ Date: _____

To the Teacher:

Beacon Hill Classical Academy is a classical school with an accelerated academic pace and an emphasis on faith and character. With this in mind, please complete the following form. Feel free to photocopy your completed form and send it directly to the school. This recommendation will remain confidential and will not become part of the student's permanent academic record; please be sure the parent has signed above. We sincerely appreciate your cooperation and candor in assessing the student named above.

Teacher Name: _____ School: _____

Teacher Signature: _____ Date: _____

Specific Job Title: _____

I have known this student for _____ (length of time, preferably at least 1 year)

Phone: _____ Email: _____

Please check the appropriate descriptor:

<u>Social/Emotional</u>	Exceptional	Very Good	Average	Below Average	Not Applicable
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to obey/follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude of peers toward student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to ask for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>Academic/Intellectual</u>	Exceptional	Very Good	Average	Below Average	Not Applicable
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity and imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grammar	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please CIRCLE the best descriptor in each category:

Social adjustments with peers

- Healthy relationships
- Occasional minor problems
- Frequent minor problems
- Relates poorly
- No basis for judgment

Integrity

- Very trustworthy
- Usually trustworthy
- Occasionally trustworthy
- Untrustworthy
- No basis for judgment

Sense of Humor

- Delightful
- Good
- Inappropriate
- Humorless
- No basis for judgment

Self-Confidence

- Has healthy self-image
- Needs some support
- Appears overly confident
- Needs much reassurance
- No basis for judgment

Consideration of Others

- Unusually thoughtful
- Usually considerate
- Rarely considerate
- Selfish
- No basis for judgment

Attitude of Parents

- Cooperative
- Uninvolved
- Overly protective
- Antagonistic
- No basis for judgment

Maturity

- Very mature
- Appropriate
- Somewhat immature
- Very immature
- No basis for judgment

Describe the student. CIRCLE as many as apply (at least three):

- | | |
|--------------------|--------------------|
| Anxious | Irritable |
| Articulate | Manipulative |
| Assertive | Motivated |
| Bully | Negative leader |
| Caring | Overly-protected |
| Cheerful | Outgoing |
| Conscientious | Passive aggressive |
| Disobedient | Perfectionist |
| Easily discouraged | Positive leader |
| Easily led | Responsible |
| Extroverted | Self-centered |
| Hard working | Self-disciplined |
| Honest | Shy |
| Impulsive | Well-liked |
| Inarticulate | Well-rounded |

1. How would you describe the frequency with which you have behavioral issues with this student (never, rarely, on occasion, frequently)? Please explain. _____

2. Does this student receive or need any special accommodations in the classroom? _____

3. Please provide any other information which you feel will be useful in our assessment of this student. _____

Please indicate your level of recommendation regarding this student's admission to our school:

- Enthusiastically Strongly Fairly Strongly With Reservation (below) Do Not Recommend

Thank you for your assistance!