



Immanuel Lutheran Christian Academy
Confidential School Report

Teacher Recommendation Request

Grades 1-5 Applicants

Please PRINT in BLACK Ink

Instructions for Parent(s)/Guardian(s): Please give this form to your child's current Homeroom Teacher, English/Language Arts Teacher, Math Teacher, or Principal/Head of School after signing and dating below.

I hereby waive my right of access to this document. I understand that this document will not become a part of his or her permanent file, nor will this information be forwarded to any other institution.

Parent/Guardian Signature _____ Date _____

Printed Name _____ Relationship to Child _____

To be completed by the student's CURRENT Homeroom Teacher, English/Language Arts Teacher, Math Teacher, or Principal/Head of School.

Immanuel Lutheran Christian Academy is a coeducational Christian day school educating approximately 170 children from the Broken Arrow/Tulsa community kindergarten through twelfth grade. ILCA strives to provide exceptional opportunities for spiritual growth/moral awareness, academic achievement/intellectual growth, physical & social development, and community responsibility. ILCA seeks students who will benefit from and contribute to our structured, competitive, academic program as we teach our children to:

- ❖ LIVE FOR CHRIST,
- ❖ LEAD A LIFE OF GODLINESS, WELLNESS, AND INTEGRITY,
- ❖ LOVE AND SERVE ONE ANOTHER, AND
- ❖ LEARN FOR A LIFETIME.

Thank you for your time and consideration in completing this form. Your observations are an important part of this student's application process. We appreciate the time and effort that goes into completing this form. Your responses provide one way of learning more about this applicant. **They are reviewed with the knowledge that children are constantly growing and changing.**

If you wish to return the completed form to the parent rather than emailing or sending it directly to the ILCA Admissions office, **please enclose the form in an envelope with your signature across the sealed flap.**



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<i>Child's Name (LAST Name)</i>	<i>(FIRST Name)</i>	<i>(MIDDLE Name)</i>
<i>Name of Faculty Member Completing Form</i>	<i>Child's Current Grade</i>	<i>Child's D.O.B.</i>
<i>Name of Current School</i>		<i>School Phone Number (include area code)</i>
<i>School Address</i>	<i>City, State</i>	<i>Zip Code</i>

1. To what extent do you know the applicant? Principal/Head of School Teacher

→ If you are an instructor/teacher, please briefly describe the course in which you taught this applicant.

2. How long have you known the applicant? _____

3. Please comment on the family's relationship with your school and their expectations. _____

4. Number of students in this child's current class? _____

5. Has this child ever been dismissed, suspended, placed on probation from school, or incurred serious disciplinary action? *(If yes, please explain on a separate sheet of paper.)*

No Yes *(Please attach explanation)* Don't Know

6. To your knowledge, has this child ever been evaluated or provided special accommodations for emotional, behavioral, or academic reasons? No Yes Don't Know

7. What are this child's strengths as a student and as a person? _____

8. In what areas does this child need to improve as a student and a person? _____

9. Comments or other information you believe might be helpful to us in the admissions process. _____

Academic Ability	Always	Frequently	Sometimes	Seldom
Listens to and follows teacher's directions				
Is attentive to group discussions/activities				
Contributes appropriately to group discussion/activities				
Demonstrates ability to work independently				
Works cooperatively				
Expresses verbal ideas clearly				
Exhibits problem solving abilities				
Is self-motivated				
Ability to memorize facts				
Study Habits				

Social Skills	Always	Frequently	Sometimes	Seldom
Establishes friendships easily				
Is comfortable in a group				
Respects those in authority				
Demonstrates self-control				
Takes responsibility for belongings				
Is cooperative				
Demonstrations appropriate social behavior				
Sense of Humor				
Sensitivity to Others				
Attendance/Punctuality				

Physical Development	Always	Frequently	Sometimes	Seldom
Exhibits emotional maturity				
Gross motor coordination				
Speech/Articulation				
Fine motor coordination				

Please **CIRCLE** all the words that best describe this child in the time you have known him/her.

- | | | | | | |
|---------------------|------------------|-------------------|-----------------------|--------------------------|------------------------|
| <i>Aggressive</i> | <i>Anxious</i> | <i>Expressive</i> | <i>Cheerful</i> | <i>Noncompliant</i> | <i>Disheartened</i> |
| <i>Follower</i> | <i>Honest</i> | <i>Influence</i> | <i>Short-tempered</i> | <i>Passive-Resistant</i> | <i>Resourceful</i> |
| <i>Self-assured</i> | <i>Motivated</i> | <i>Organized</i> | <i>Perfectionist</i> | <i>Self-Centered</i> | <i>Conscientious</i> |
| <i>Shy</i> | <i>Social</i> | <i>Vivacious</i> | <i>Well-liked</i> | <i>Positive Leader</i> | <i>Negative Leader</i> |

10. How would you rate this child's academic achievement compared to students you have taught throughout your career Exceptional Above Average Average Below Average

11. How would you rate this child with respect to his or her citizenship
 Exceptional Above Average Average Below Average

12. Please check ONE I *highly* recommend I recommend *with reservations**
 I recommend I *cannot* recommend*

*Please briefly explain if recommending with reservations or cannot recommend _____

All information that you furnish will be kept confidential to the extent the law allows and will not be retained as part of the student's permanent files. On behalf of the student and his/her family, we would like to thank you for your full cooperation.

If we have additional questions, what is the best way to contact you further? Phone # _____ E-mail

→ If phone, please list most convenient time to call: _____

→ If e-mail is preferred, please PRINT clearly below:

E-Mail Address: _____

Upon completion of this recommendation, please e-mail (PDF) or mail this form to:

**Immanuel Lutheran
Christian Academy
Attention: Office of
Admissions
400 N. Aspen Dr.
Broken Arrow, OK. 74012**

Susan Divine, Admin. Assistant
E-Mail Address | sdivine@icaba.org
Phone | 918-251-5422

Faculty Signature _____

Date _____