VAIL CHRISTIAN HIGH SCHOOL | ENGLISH TEACHER RECOMMENDATION

TO BE COMPLETED BY THE APPLICANT:

Name of Applicant: _____ Age: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Current School: _____

Grade for which you are applying to VCHS: _____

WAIVER OF ACCESS

I will not seek access to this confidential recommendation submitted exclusively for the purposes of admission and academic counseling.

1. Applicants and their families do not have access to their admissions files during the admissions process.
2. Non-matriculated, waiting pool, and rejected applicants and their families do not have access to their files.
3. Matriculated students and their families do not have access to this recommendation if they have signed this waiver.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

TO BE COMPLETED BY A CURRENT ENGLISH TEACHER:

The above applicant has applied for admission to Vail Christian High School, a college prep school with a rigorous academic program. We would appreciate your candid appraisal of the applicant's academic performance, intellectual promise, and personal character. Please complete both pages of this form and return to Vail Christian High School.
Whenever possible, please add any additional comments that would be helpful in the admissions process.

How long have you known the applicant?

Which courses did you teach the applicant?

During which school years did you teach the applicant?

What adjectives or phrases first come to mind when describing the applicant? Please note both strengths and weaknesses.

Please rate the applicant in the following areas:

	Marginal	Satisfactory	Above Average	Excellent (Top 10%)	One of the best ever (Top 2%)	Not Observed
Respect for Authority						
Integrity						
Cooperation with Classroom Policies						
Self-Confidence						
Emotional Maturity						
Peer Relations						
Academic Motivation						
Diligence						
Consistency						
Classroom Participation						
Intellectual Ability						
Understanding of Concepts						
Critical Thinking						
Written Expression of Ideas						
Oral Expression of Ideas						

We would like to know what kind of student this applicant is. What would you tell a colleague to expect from this student by way of participation and performance in class? Please comment on any limitations, special needs or talents that may be beneficial to know with regards to the teaching of this student.

We would like to know what kind of person this applicant is. Is there a particular trait, personal quality, or spiritual maturity that makes this student stand out in your mind? Are there any special strengths or weaknesses we should take into account?

_____ Please check here if you would like to speak to the Director of Admissions.

What is your overall recommendation for this applicant?

- ☐ Cannot Recommend
- ☐ Recommend with Reservation
- ☐ Recommend
- ☐ Strongly recommend
- ☐ Highly recommend

Teacher's Name _____

School_____

Signature _____

Phone Number_____ Date _____

Please return to: Vail Christian High School | Attn: Admissions Office | 31621 Hwy 6 Edwards, CO 81632 Phone: (970) 766-4125 | Fax: (970) 569-3047 | Email: kmaslan@vchsweb.org