



Confidential Science Recommendation Form (Required for grades 6th - 12th)

Name of Student _____

Candidate for Grade _____

Parent or Guardian

Please write your child's name in the space above and read and sign the following before giving this form to your child's teacher.

I understand that the information furnished by the reference named below is confidential and will become the property of Oklahoma Christian Academy. Furthermore, I waive all rights to examine the responses given.

Signature of Parent or Guardian

Science Teacher

Thank you for your time and care in completing this recommendation for the student named above. Your observations are held in complete confidence. Please check the appropriate boxes and include comments if you wish. Return the completed form directly to OCA by fax 405-844-6884 or mail (fax is preferred), **Attention: Admissions.** Admission decision cannot be made until student files are complete.

General Academic Ability

- Superior High Average Average Below Average

Academic Skills

Usually Frequently Sometimes Seldom

| | | | | |
|---|--|--|--|--|
| Listens to and follows teacher's directions | | | | |
| Is attentive to group discussions/activities | | | | |
| Contributes appropriately to group discussions/activities | | | | |
| Demonstrates ability to work independently | | | | |
| Asks for help when necessary | | | | |
| Perseveres in spite of difficulty | | | | |
| Works cooperatively | | | | |
| Enjoys new challenges | | | | |

Science Skills

Excellent Good Fair Poor

| | | | | | |
|---------------------------------------|--|--|--|--|--|
| Ability to communicate ideas verbally | | | | | |
| Problem-solving skills | | | | | |
| Reading comprehension | | | | | |
| Knowledge and use of vocabulary | | | | | |
| Organization and study habits | | | | | |

Behavioral Attributes

Usually Frequently Sometimes Seldom

| Responds positively to constructive criticism | | | | |
|---|--|--|--|--|
| Establishes friendships easily | | | | |
| Is comfortable in a group | | | | |
| Is respected by faculty | | | | |
| Is respected by peers | | | | |
| Respects others | | | | |
| Demonstrates self-control | | | | |
| Demonstrates appropriate behavior | | | | |
| Exhibits emotional maturity | | | | |
| Demonstrates appropriate energy level | | | | |
| Demonstrates integrity and honesty | | | | |

Is student habitually tardy or absent? Yes No If yes, please elaborate: _____

Has the student been disciplined for a severe infraction? Yes No

Please describe any special teaching or testing accommodations/modifications that have been provided for this student: _____

Are parents supportive of school policies? Yes No

Are parents responsive to school's suggestions? Yes No

If "No" to either please explain: _____

In your opinion, please check the most appropriate course and level placement for this student next year.

Course:

6th Grade Science 7th Grade Science 8th grade science IPC (8th or 9th)

Biology Chemistry Physics Other

Level: Academic Accelerated Honors Advance Placement

Please check one:

Highly recommend Recommend Recommend with reservation Do not recommend

If this answer is "Do not recommend" or "Recommend with reservation", please explain:

If you have additional information that will be helpful in evaluating the student's application, please comment here: _____

Teacher's Name: _____ Subject taught student: _____

Name of School: _____ Telephone #: _____

Signature: _____ Date: _____