

# TEACHER RECOMMENDATION

To be completed for grades PK3 - K5



**Pine Castle  
Christian Academy**

**Parents: Please provide information in top portion only. Give to your child's teacher to complete & return to PCCA at address below.**

Permission to release information: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent signature

Student's Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
LAST FIRST

Teacher : \_\_\_\_\_

Dear Teacher/Caregiver:

The child named above has applied for admission to Pine Castle Christian Academy. Please complete the form below and return to the address provided. Check one rating for each area. If you wish to discuss this student personally rather than completing this form, please check here \_\_\_\_\_, sign the form and note your telephone number, and the Academy will contact you.

AREAS TO EVALUATE	Poor	Average	Good	Excellent	Not Able to Comment
Fine Motor Skills					
Gross Motor Skills					
Academic ability					
Academic performance					
Motivation					
Attitude/Cooperation					
Maturity/Stability					
Conduct					
Ability to relate to peers					
Respect for adults					
Restroom skills					
Potty training					
Attendance					

Does the child nap/rest on a consistent basis?  YES  NO

Is the student performing at age appropriate levels?  YES  NO

Does the student have any significant limitations (physical, social, or emotional)? \_\_\_\_\_

What discipline procedures are currently used in the child's classroom/setting and how does the child respond \_\_\_\_\_

Has there been a need for administrative involvement in disciplinary action with this student?  YES  NO

If yes, please explain. \_\_\_\_\_

Has the child ever bitten another student or adult?  YES  NO

If yes, how many times: \_\_\_\_\_ once \_\_\_\_\_ 2-5 times \_\_\_\_\_ more than 5

Is the student in good standing and eligible to return next year?  YES  NO

If no, why not? \_\_\_\_\_

How would you rate the parents' involvement?

Very cooperative  Rarely cooperative  Disinterested  No communication with them

Print your name \_\_\_\_\_ School Name \_\_\_\_\_

Signature and position \_\_\_\_\_

*Thank you for your assistance; your prompt response is much appreciated. If you have any questions, please call (407)438-2709*

**Please return to: PCCA Admissions Office; P.O. Box 590234; Orlando, FL 32859**