



Shepherd of the Coast Christian School
 1901 East Commercial Boulevard
 Fort Lauderdale, Florida 33308
 954.772.5468
 www.sotcfl.org

Ms. Marguerite Smith, Principal

Dear Administrator/Teacher

Your student is requesting admission to Shepherd of the Coast Christian School. We would appreciate your observations with regard to the following student. (Please complete this form and mail it to Shepherd of the Coast Christian School using the enclosed envelope.)

Student Name _____ Current Grade Level _____ Date _____

Directions: Please place a check in the appropriate blank for each statement.

SA=Strongly Agree	A=Agree	D=Disagree	SD=Strongly Disagree	NA=Not Applicable
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SA	A	D	SD	NA		<u>Current Grades</u>
___	___	___	___	___	1. adjusts to new situations	_____ Math
___	___	___	___	___	2. shows maturity for his/her age	_____ Reading
___	___	___	___	___	3. cooperates and shows respect for adults	_____ English
___	___	___	___	___	4. respects the property of others and the school	_____ Social Studies
___	___	___	___	___	5. follows through with regard to responsibilities	_____ Art
___	___	___	___	___	6. responds appropriately to discipline	_____ Music
___	___	___	___	___	7. follows direction	_____ _____
___	___	___	___	___	8. begins class work promptly	_____ _____
___	___	___	___	___	9. works in a neat and orderly manner	
___	___	___	___	___	10. completes homework assignments on time	
___	___	___	___	___	11. attends regularly and is punctual	
___	___	___	___	___	12. parents are cooperative with school	

(Note: Please use the other side of this form for any additional comments regarding this student.)

To your knowledge is the student on any medication for the purpose of assisting the student in regard to behavior and/or achievement? ___ Yes ___ No

I would ___ highly recommend ___ recommend ___ recommend with reservations ___ not recommend this student

Signed _____ Title _____

School _____ Date _____