CAPSTONE	Capstone Classical Academy Teacher Recommendation
CRISSICAL ACNUS	Applicants to Grades 7-12 Mathematics
Name of Applicant:	Applying for Grade:

Name of school completing recommendation:

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

I understand and agree that the information contained on this Teacher Recommendation form is confidential and will be used only in the selection of applicants and will not become part of the applicant's permanent file. I also agree that this completed form will not be available to applicants, parents, or anyone outside the Admissions Committee, and I waive any right that I may have to see it.

Parent Signature_

Date

Please send this recommendation to Capstone Classical Academy:

Admissions Counselor, Capstone Classical Academy 3910 25th St. S. Fargo, ND 58104 admissions@capstoneclassical.com

This Teacher Recommendation form will be treated confidentially and will not be shared with parents. You may wish to retain the original copy for your files. Thank you for your cooperation and honesty. The student's application cannot be processed until the form is received by the Admissions Office, so please complete the process as soon as possible.

Academic Skills Ratings	Truly Outstanding Top 5%	Excellent	Above Average	Average	Below Average	Please Comment
Listens to and follows teacher's directions						
Is attentive to group discussions /activities						
Contributes appropriately to group discussions/activities						
Demonstrates ability to work independently						
Perseveres in spite of difficulty						
Works cooperatively						
Displays willingness to take risks						
Demonstrates appropriate energy level						
Demonstrates ability to stay on task						
Exhibits appropriate work ethic						
Completes assignments on time						
Critical thinking skills						

Social Skills Ratings	Truly Outstanding Top 5%	Excellent	Above Average	Average	Below Average	Please Comment
Responds positively to constructive criticism						
Establishes friendships easily						
Is comfortable in a group						
Is respectful of faculty						
Is respected by peers						
Demonstrates self-control						
Takes responsibility for belongings						
Is cooperative						
Demonstrates appropriate behavior						
Exhibits emotional maturity						
Demonstrates appropriate energy level						
Takes pride in appearance						
Is respectful to peers						
Demonstrates ability to resolve conflicts						

3910 25th St. S., Fargo, ND 58104

Capstone Classical Academy Teacher Recommendation Applicants to Grades 7-12 Mathematics (Page 2)

Name of Applicant:			Applying for Grade:						
Math Skills Ratings		Truly Outstandin Top 5%	ng Exceller	nt Above Average	Average	Below Average	Please Comment		
Computation skills									
Problem-solving skills									
Mathematical reasoning									
Mathematical applications									
Embraces challenges									
Circle the words that best	describe this ann	icant [.]							
	Conscientious	Hones	st M	otivated	Perfecti	onist	Shy		
66	Disobedient	Immat		egative leader	Positive		Social		
	Easily discouraged			opositional	Responsible		Vivacious		
	Follower		-	ganized	Self-cer		Well-liked		
	Helpful	Matur		ver-protected		ciplined	Witty		
			. 0	Protociou	Sell dis	erprinea			
Please describe the student Please add any additional Applicant is habitually tard	information that v	vould prov	vide a more	complete pictu	re of the stuc	lent and fami	ly:		
Applicant is: □Highly Recommended (To If you checked "Recomme	p 5%) □Strongly R	Recommend	ed □Recom	mended □Reco	mmended witl				
I would: □like to	□be willing to dis	cuss this a	pplicant by	telephone.					
Teacher Verification				_					
Teacher Signature:				Date:					
Print Name:				Course Nam	e:				
Teacher Email:	Teacher Email:			School Name:					
Teacher Phone:				School Phon					
Director/Principal Verifica	tion			·					
			Consistentl	y Usu	ally	Seldom	Not Observed		

	Consistently	Usually	Seldom	Not Observed
Parent(s) participate in school activities				
Parent(s) support school policies and procedures				
Signature of Director or Principal:			Date:	