



Midway Covenant Christian School
 4635 Dallas Highway
 Powder Springs, Georgia 30127
 (770) 590-1866
 (770) 422-6416 FAX

TEACHER/PRINCIPAL RECOMMENDATION

(CONFIDENTIAL)

Student Name: _____

School Name: _____

Teacher/Principal: Thank you for taking the time to give us your candid appraisal of this student. Your evaluation will be held in strict confidence.

	Below Average	Average	Above Average
Reading Ability			
Writing Ability			
Math Ability			
Oral Communication			
Effort			

	Below Average	Average	Above Average
Self Discipline			
Respect for Authority			
Honesty			
Peer Relationships			
Teachable Spirit			

MCCS does not have the staff/materials/or equipment to provide adequate instruction for students with significant learning or behavior disabilities. To the best of your ability, does this student have any such problem?

NO YES If yes, please specify _____

Have parents been consistently cooperative and supportive of your school program, policies and procedure?

NO YES If no, please specify _____

Have financial obligations been met in a timely fashion?

NO YES If no, please specify _____

How long have you known this student? _____

ADDITIONAL COMMENTS:

Signature: _____ Title: _____

Date: _____