



**Zion Lutheran Church & School**  
*Confidential School Report*

**Teacher Recommendation Request**  
*Grades 1st-8th Applicants*

*Please PRINT in BLACK Ink*

**Instructions for Parent(s)/Guardian(s):** Please give this form to your child's current Homeroom Teacher, English/Language Arts Teacher, Math Teacher, or Principal/Head of School after signing and dating below.

*I hereby waive my right of access to this document. I understand that this document will not become a part of his or her permanent file, nor will this information be forwarded to any other institution.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**To be completed by the student's CURRENT Homeroom Teacher, English/Language Arts Teacher, Math Teacher, or Principal/Head of School.**

Zion Lutheran School is a coeducational Christian day school educating approximately 160 children from the San Francisco and greater Bay Area from kindergarten through eighth grade. Zion strives to provide exceptional opportunities for spiritual growth/moral awareness, academic achievement/intellectual growth, physical & social development, and community responsibility. Zion seeks students who will benefit from and contribute to our structured, competitive, academic program as we teach our children to:

- ❖ LIVE FOR CHRIST,
- ❖ LEAD A LIFE OF GODLINESS, WELLNESS, AND INTEGRITY,
- ❖ LOVE AND SERVE ONE ANOTHER, AND
- ❖ LEARN FOR A LIFETIME.

Thank you for your time and consideration in completing this form. Your observations are an important part of this student's application process. We appreciate the time and effort that goes into completing this form. Your responses provide one way of learning more about this applicant. **They are reviewed with the knowledge that children are constantly growing and changing.**

If you wish to return the completed form to the parent rather than emailing or sending it directly to the Zion Admissions office, **please enclose the form in an envelope with your signature across the sealed flap.**



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Teacher Recommendation Request
Grades 1-8 Applicants

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Form with fields: Child's Name (LAST Name), (FIRST Name), (MIDDLE Name), Name of Faculty Member Completing Form, Child's Current Grade, Child's D.O.B., Name of Current School, School Phone Number (include area code), School Address, City, State, Zip Code

1. To what extent do you know the applicant? [ ] Principal/Head of School [ ] Teacher
[ ] If you are an instructor/teacher, please briefly describe the course in which you taught this applicant.

2. How long have you known the applicant? \_\_\_\_\_

3. Please comment on the family's relationship with your school and their expectations. \_\_\_\_\_

4. Number of students in this child's current class? \_\_\_\_\_

5. Has this child ever been dismissed, suspended, placed on probation from school, or incurred serious disciplinary action? (If yes, please explain on a separate sheet of paper.)
[ ] No [ ] Yes (Please attach explanation) [ ] Don't Know

6. To your knowledge, has this child ever been evaluated or provided special accommodations for emotional, behavioral, or academic reasons? [ ] No [ ] Yes [ ] Don't Know

7. What are this child's strengths as a student and as a person? \_\_\_\_\_

8. In what areas does this child need to improve as a student and a person? \_\_\_\_\_

9. Comments or other information you believe might be helpful to us in the admissions process. \_\_\_\_\_

Academic Qualities	Outstanding/ Exceeds Expectations	Average/ Age-Appropriate	Needs Development	Additional Notes/Comments
Academic Potential				
Academic Achievement				
Motivation/Effort				
Organization Ability				
Ability to Solve Problems				
Ability to Memorize Facts				
Study Habits				
Ability to Grasp Abstract Ideas				
Ability to Work Independently				
Ability to Work in a Group				
Personal Qualities	Outstanding/ Exceeds Expectations	Average/ Age-Appropriate	Needs Development	Additional Notes/Comments
Maturity				
Self-Esteem				
Responsibility				
Sensitivity to Others				
Attendance/Punctuality				
Honesty and Integrity				
Sense of Humor				

Please **CIRCLE** all the words that best describe this child in the time you have known him/her.

- |                     |                  |                   |                       |                          |                        |
|---------------------|------------------|-------------------|-----------------------|--------------------------|------------------------|
| <i>Aggressive</i>   | <i>Anxious</i>   | <i>Expressive</i> | <i>Cheerful</i>       | <i>Noncompliant</i>      | <i>Disheartened</i>    |
| <i>Follower</i>     | <i>Honest</i>    | <i>Influence</i>  | <i>Short-tempered</i> | <i>Passive-Resistant</i> | <i>Resourceful</i>     |
| <i>Self-assured</i> | <i>Motivated</i> | <i>Organized</i>  | <i>Perfectionist</i>  | <i>Self-Centered</i>     | <i>Conscientious</i>   |
| <i>Shy</i>          | <i>Social</i>    | <i>Vivacious</i>  | <i>Well-liked</i>     | <i>Positive Leader</i>   | <i>Negative Leader</i> |

10. How would you rate this child's academic achievement compared to students you have taught throughout your career     Exceptional     Above Average     Average     Below Average

11. How would you rate this child with respect to his or her citizenship  
 Exceptional     Above Average     Average     Below Average

12. Please check ONE     I highly recommend     I recommend with reservations\*  
 I recommend     I cannot recommend\*

\*Please briefly explain if recommending with reservations or cannot recommend \_\_\_\_\_

All information that you furnish will be kept confidential to the extent the law allows and will not be retained as part of the student's permanent files. On behalf of the student and his/her family, we would like to thank you for your full cooperation.

If we have additional questions, what is the best way to contact you further?     Phone # \_\_\_\_\_     E-mail

If phone, please list most convenient time to call: \_\_\_\_\_  
 If e-mail is preferred, please PRINT clearly below:  
E-Mail Address: \_\_\_\_\_

Upon completion of this recommendation, please e-mail (PDF) or mail this form to:

**Zion Lutheran School**  
**Attention: Office of Admissions**  
**495 Ninth Avenue**  
**San Francisco, CA 94118**

Mary Lum, Admissions Director  
E-Mail Address | [MLum@zionsf.org](mailto:MLum@zionsf.org)  
Phone | (415) 221-7500, ext. 205

Faculty Signature \_\_\_\_\_

Date \_\_\_\_\_