

2400 Cedar Creek Drive Ruston, Louisiana 71270  
 318.255.7707 (Main) 318.251.2846 (Fax)

**CONFIDENTIAL PRINCIPAL RECOMMENDATION FORM**  
*\*Once completed, please return this form directly to Cedar Creek\**

Name of Applicant: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_ Date: \_\_\_\_\_  
 Current School: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 School Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Principal's Name: \_\_\_\_\_

In what capacity and how long have you known the applicant? \_\_\_\_\_

The student above is applying for admission to Cedar Creek School. Our ability to evaluate this student is helped considerably by your insight and experience as his/her teacher. Your comments will be held in strict confidence. Please place an X in the box that most adequately describes the student's characteristics.

	Personal Qualities						Comments
	Excellent	Good	Average	Below Average	Poor	No basis for judgement	
Honesty/Integrity							
Self-Confidence							
Self-Discipline							
Leadership							
Concern for Others							
Respect for Differences							
Responsibility							
Reaction to setbacks							
Sense of Humor							
Maturity (relative to age)							
School conduct							
Relationship with peers							
Relationship with teachers							
	Academic Qualities						
Initiative/motivation							
Academic ability							
Academic achievement							
Creativity and imagination							
Ability to work independently							
Ability to work in a group							
Seeks help when needed							
Stays on task							
Study habits							
Organizational ability							

**(OVER)**

What are the first three words that come to mind to describe this student?

\_\_\_\_\_

What are this student's strengths?

Academically? \_\_\_\_\_

Personally? \_\_\_\_\_

In which areas does this student need improvement?

Academically? \_\_\_\_\_

Personally? \_\_\_\_\_

Does the student attend class regularly? \_\_\_\_\_ If no, why? \_\_\_\_\_

Is there a problem with tardiness? \_\_\_\_\_ If yes, why? \_\_\_\_\_

Has the student had any disciplinary problems? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Has the student been recommended for educational evaluation to determine if special support/placement or tutoring would be beneficial? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

\_\_\_\_\_

***Parents are an important part of our relationship with the student. Please share with us any thoughts you have regarding the student's family.***

Are the parents cooperative and involved with the school? \_\_\_\_\_

Is the parents' perception of their child compatible with the school's perception of the student? \_\_\_\_\_

Are you aware of any family circumstances that affect the child's performance at school? \_\_\_\_\_ If yes, please describe

\_\_\_\_\_

Additional comments about this candidate: \_\_\_\_\_

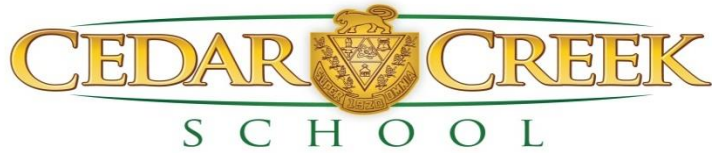
\_\_\_\_\_

\_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Thank you for your time and your candid feedback. Please fax or mail this form directly to the school, where it will be kept confidential.***

***Leeanne Bordelon***  
***Director of Enrollment Management***  
***[lbordelon@cedarcreekschool.org](mailto:lbordelon@cedarcreekschool.org)***



2400 Cedar Creek Drive Ruston, Louisiana 71270  
 318.255.7707 (Main) 318.251.2846 (Fax)

**CONFIDENTIAL TEACHER RECOMMENDATION FORM**  
 (Incoming grades 2-5)

Name of Applicant: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_ Date: \_\_\_\_\_  
 Current School: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 School Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

In what capacity and how long have you known the applicant? \_\_\_\_\_

The student above is applying for admission to Cedar Creek School. Our ability to evaluate this student is helped considerably by your insight and experience as his/her teacher. Your comments will be held in strict confidence. Please place an X in the box that most adequately describes the student's characteristics.

	Personal Qualities						Comments
	Excellent	Good	Average	Below Average	Poor	No basis for judgement	
Honesty/Integrity							
Self-Confidence							
Self-Discipline							
Leadership							
Concern for Others							
Respect for Differences							
Responsibility							
Reaction to setbacks							
Sense of Humor							
Maturity (relative to age)							
School conduct							
Relationship with peers							
Relationship with teachers							
Academic Qualities							
Initiative/motivation							
Academic ability							
Academic achievement							
Creativity and imagination							
Ability to work independently							
Ability to work in a group							
Seeks help when needed							
Stays on task							
Study habits							
Organizational ability							
Class participation							
Reading Comprehension							
Writing Skills							
Grammar							

(OVER)

What are the first three words that come to mind to describe this student?

\_\_\_\_\_

What are this student's strengths?

Academically? \_\_\_\_\_

Personally? \_\_\_\_\_

In which areas does this student need improvement?

Academically? \_\_\_\_\_

Personally? \_\_\_\_\_

Does the student attend class regularly? \_\_\_\_\_ If no, why? \_\_\_\_\_

Is there a problem with tardiness? \_\_\_\_\_ If yes, why? \_\_\_\_\_

Has the student had any disciplinary problems? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Has the student been recommended for educational evaluation to determine if special support/placement or tutoring would be beneficial? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

\_\_\_\_\_

***Parents are an important part of our relationship with the student. Please share with us any thoughts you have regarding the student's family.***

Are the parents cooperative and involved with the school? \_\_\_\_\_

Is the parents' perception of their child compatible with the school's perception of the student? \_\_\_\_\_

Are you aware of any family circumstances that affect the child's performance at school? \_\_\_\_\_ If yes, please describe

\_\_\_\_\_

Additional comments about this candidate: \_\_\_\_\_

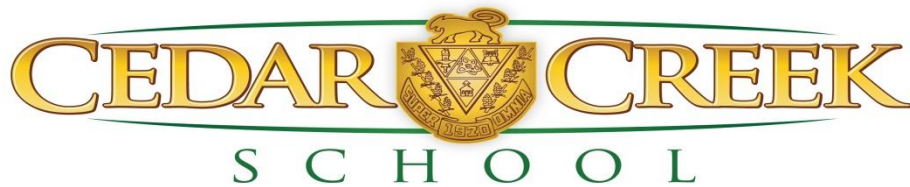
\_\_\_\_\_

\_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Thank you for your time and your candid feedback. Please fax or mail this form directly to the school, where it will be kept confidential.***

***Leeanne Bordelon  
Director of Enrollment Management  
lbordelon@cedarcreekschool.org***



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**CONFIDENTIAL ENGLISH TEACHER RECOMMENDATION FORM**  
 (Incoming grades 6-12)

Name of Applicant: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Current School: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

In what capacity and how long have you known the applicant? \_\_\_\_\_

The student above is applying for admission to Cedar Creek School. Our ability to evaluate this student is helped considerably by your insight and experience as his/her teacher. Your comments will be held in strict confidence. Please place an X in the box that most adequately describes the student's characteristics.

	Personal Qualities						Comments
	Excellent	Good	Average	Below Average	Poor	No basis for judgement	
Honesty/Integrity							
Self-Confidence							
Self-Discipline							
Leadership							
Concern for Others							
Respect for Differences							
Responsibility							
Reaction to setbacks							
Sense of Humor							
Maturity (relative to age)							
School conduct							
Relationship with peers							
Relationship with teachers							
Academic Qualities							
Initiative/motivation							
Academic ability							
Academic achievement							
Creativity and imagination							
Ability to work independently							
Ability to work in a group							
Seeks help when needed							
Stays on task							
Study habits							
Organizational ability							
Class participation							
Reading Comprehension							
Writing Skills							
Grammar							

(OVER)

What are the first three words that come to mind to describe this student?

\_\_\_\_\_

What are this student's strengths?

Academically? \_\_\_\_\_

Personally? \_\_\_\_\_

In which areas does this student need improvement?

Academically? \_\_\_\_\_

Personally? \_\_\_\_\_

Does the student attend class regularly? \_\_\_\_\_ If no, why? \_\_\_\_\_

Is there a problem with tardiness? \_\_\_\_\_ If yes, why? \_\_\_\_\_

Has the student had any disciplinary problems? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Has the student been recommended for educational evaluation to determine if special support/placement or tutoring would be beneficial? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

\_\_\_\_\_

***Parents are an important part of our relationship with the student. Please share with us any thoughts you have regarding the student's family.***

Are the parents cooperative and involved with the school? \_\_\_\_\_

Is the parents' perception of their child compatible with the school's perception of the student? \_\_\_\_\_

Are you aware of any family circumstances that affect the child's performance at school? \_\_\_\_\_ If yes, please describe

\_\_\_\_\_

Additional comments about this candidate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**CONFIDENTIAL MATH TEACHER RECOMMENDATION FORM**  
 (Incoming grades 6-12)

Name of Applicant: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Current School: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

In what capacity and how long have you known the applicant? \_\_\_\_\_

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	Personal Qualities						Comments
	Excellent	Good	Average	Below Average	Poor	No basis for judgement	
Honesty/Integrity							
Self-Confidence							
Self-Discipline							
Leadership							
Concern for Others							
Respect for Differences							
Responsibility							
Reaction to setbacks							
Sense of Humor							
Maturity (relative to age)							
School conduct							
Relationship with peers							
Relationship with teachers							
Academic Qualities							
Initiative/motivation							
Academic ability							
Academic achievement							
Creativity and imagination							
Ability to work independently							
Ability to work in a group							
Seeks help when needed							
Stays on task							
Study habits							
Organizational ability							
Class participation							
Problem solving ability							
Computational skills							

**(OVER)**

What are the first three words that come to mind to describe this student?

\_\_\_\_\_

What are this student's strengths?

Academically? \_\_\_\_\_

Personally? \_\_\_\_\_

In which areas does this student need improvement?

Academically? \_\_\_\_\_

Personally? \_\_\_\_\_

Does the student attend class regularly? \_\_\_\_\_ If no, why? \_\_\_\_\_

Is there a problem with tardiness? \_\_\_\_\_ If yes, why? \_\_\_\_\_

Has the student had any disciplinary problems? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Has the student been recommended for educational evaluation to determine if special support/placement or tutoring would be beneficial? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

\_\_\_\_\_

***Parents are an important part of our relationship with the student. Please share with us any thoughts you have regarding the student's family.***

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Is the parents' perception of their child compatible with the school's perception of the student? \_\_\_\_\_

Are you aware of any family circumstances that affect the child's performance at school? \_\_\_\_\_ If yes, please describe

\_\_\_\_\_

Additional comments about this candidate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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