



Teacher Recommendation Form Grades 6-12

Instructions: Applicants for grades 6-12 must submit this Teacher Recommendation Form. This is a confidential document and must be submitted to the Admissions Office directly from the referrer.

To the Referrer: _____ (student's name) is going into _____ grade and has applied for admissions to The Charles Finney School. We would appreciate it if you would complete the following recommendation. Use the back of this form or another sheet of paper for additional comments. This form should be sent directly to The Charles Finney School by fax, email, or mail and the information provided herein will be confidential to the school.

Referrer's Name _____ Phone # _____ Email _____

For how long have you known the applicant? _____ In what capacity? _____

Please put an "X" in the appropriate boxes indicating how well applicant demonstrates the following qualities listed below.	Outstanding	Very Well	Somewhat Well	Not Very Well	Area For Concern	No Opportunity To Observe
Motivation						
Responsibilities						
Honesty/Integrity						
Completes Tasks/ Projects						
Respect for Authority						
Self-Control						
Concern for Others						
Gets Along with Peers						
Leadership/Influences Peers						

Has this applicant been involved in any serious disciplinary problems, inside or outside of school? Yes No

If yes, please explain: _____

Finney offers an academic program marked by a strong focus on Christian faith, service and high moral and ethical standards. Please comment on how this applicant might benefit from such an environment and how he/she might contribute to it.

Do you anticipate this applicant facing any challenges in such an environment? Please explain. _____

Referrer's Signature _____ Date _____

Please mail, fax, or email this recommendation directly to:
The Charles Finney School, Admissions Office, 2070 Five Mile Line Rd., Penfield, NY 14526. Phone: (585)387-3770
Fax: (585)387-3771 Email: admissions@finneyschool.org. Thank you for your assistance.