



## RECORDS REQUEST

To (name of school) \_\_\_\_\_

Attn: \_\_\_\_\_ Fax: \_\_\_\_\_

This is to request a copy of the records of \_\_\_\_\_ who has applied to Cincinnati Hills Christian Academy for admission to grade \_\_\_\_\_ for the academic year \_\_\_\_\_. Please send a copy of this student's records through the most recent grading period as they are needed for admission purposes at this time; a separate records request will be made upon enrollment.

**Records should include:**

- Grades and written teacher comments
- Achievement and aptitude test results
- Proficiency test results
- IEP or any other accommodation plans
- Attendance and disciplinary records
- Immunizations

**Send School Records to:**

Cincinnati Hills Christian Academy Office of Admission  
140 West Ninth Street  
Cincinnati, Ohio 45202  
admissions@chca-oh.org  
513-247-9944, ext. 213  
Fax: 513-721-3300

It is the policy of Cincinnati Hills Christian Academy that all information received regarding a candidate's application for admission is kept confidential. Only authorized school personnel have access to this information and only to the extent it is relevant to admission and placement decisions.

Thank you for your assistance.

**Permission to Release Records**

This is to certify that I/we authorize the release of a copy of my/our child's records to Cincinnati Hills Christian Academy to be used as a part of the admissions process.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



## TEACHER RECOMMENDATION

(applying to grades PK-K)

*Mail, fax or email the completed form directly to:*

*CHCA Admissions | 140 West Ninth Street, Cincinnati Ohio 45202 | [admissions@chca-oh.org](mailto:admissions@chca-oh.org) | Fax: 513.721.3300*

Name of Applicant \_\_\_\_\_ Applying to grade \_\_\_\_\_

**To the Parent:**

*I/We give permission for the teacher to complete this form and return it directly to Cincinnati Hills Christian Academy. I/We also permit CHCA to contact the teacher with any additional questions. I/We understand that this is a confidential teacher recommendation and will not be disclosed to anyone other than authorized CHCA personnel.*

Parent Signature \_\_\_\_\_ Teacher's name \_\_\_\_\_

Teacher's Email Address \_\_\_\_\_

**To the Teacher:**

*Thank you for taking the time to complete this recommendation. A complete report from the applicant's current school is essential to ensure a comprehensive consideration of the applicant. The information you provide will be kept in confidence and will not be shared, directly or indirectly, with the applicant's parents. **PLEASE DO NOT RETURN THIS FORM TO THE APPLICANT.***

1. Please share what brings this child joy in the classroom.
2. Please share what frustrates this child.
3. CHCA values a mutually supportive parent-school relationship. Please share your experience with the applicant's family and their involvement in your school.
4. To your knowledge, does the school's understanding of the child's strengths and challenges match the parent's/guardian's perception?
5. Please describe this child's adjustment to the school environment.
6. Does the applicant have any special learning needs that you have observed? If yes, how are they being addressed?

7. Please indicate if the student is receiving gifted services, enrichment, or if he/she is currently on an IEP, 504 or other type of accommodation plan.

8. Are you aware if the applicant is currently receiving services or being treated for any of the following?  
(check all that apply):

☐ Learning disabilities ☐ Language processing ☐ Attentional issues ☐ Emotional difficulties

Does this affect the applicant in the classroom setting? If so, please explain.

Cognitive Skill Development	Still Developing	Age Appropriate	Exceeds Age Expectations	Comments
Ability to follow directions				
Ability to focus on a task				
Speech and Language skills				
Writing skills				
Ability to express thoughts and ideas				
Vocabulary				
Listens in a group				
Mathematical concepts				
Ability to solve problems				
Demonstrates curiosity				
Attention span				
Completes tasks				

Physical Development	Still Developing	Age Appropriate	Exceeds Age Expectations	Comments
Small muscle control and coordination				
Large muscle control and coordination				
Speech development ( <i>articulation</i> )				

<b>Social/Emotional Development</b>	<b>Still Developing</b>	<b>Age Appropriate</b>	<b>Exceeds Age Expectations</b>	<b>Comments</b>
Ability to relate to peers				
Ability to relate to adults				
Ability to work independently				
Ability to work in a group				
Cooperates in play				
Demonstrates self-control				
Tolerance level for frustration				
Ability to make transitions				
Ability to initiate activities				
Use of imagination				
Accepts limits/routines				
Ability to share				
Uses materials purposefully				
Separates from parent				

Is this student toilet trained? \_\_\_\_ Yes \_\_\_\_ No

Please circle the words that describe this student:

Adaptable	Easily Distracted	Cheerful	Anxious	Distracting	Withdrawn	Persistent
Confident	Impulsive	Shy	Helpful	Talkative	Inquisitive	Self-disciplined
Well-liked	Disobedient	Manipulative	Caring	Kind	Aggressive	Over-protected
Positive leader	Disrespectful	Curious	Demanding of teacher's time		Other:	

<b>I recommend this student:</b>	<b>Not at all</b>	<b>With reservation</b>	<b>Mildly</b>	<b>With Confidence</b>	<b>Enthusiastically</b>
Academic ability and promise					
Character and personal promise					
Overall					

*Thank you for the time and care you have taken in completing this form. If there is any additional information that could be better conveyed in a phone conversation, please feel free to call the Admissions Office at 247-9944, ext. 213.*