

Confidential Student Reference Form for Grades 6 - 12

DIRECTIONS: This form should be completed to the form must be sent directly from the current				e / High school s	tudents).		
STUDENT NAME:	APPLYIN	APPLYING FOR GRADE:					
The above student has applied for admissi confidential and an important part of the applied							
Name of Present School:							
School Address:			School Ph	none:			
School Email:				School Fax:			
Name of Person Submitting Evaluation:			Position:				
Length of Time Acquainted with Students:							
Signature:				Date:			
Signature of Director/Principal:			Date:	Date:			
Any comments:							
Please indicate your opinion of the student in the following areas:							
ACADEMIC QUALITIES / WORK HABITS	Outstanding	Good	Satisfactory	Needs improvement	Unsatisfactory		
Organizes time and materials							
Works independently							
Works well in group activities							
Listens to / follows directions							
Participates in class discussions / activities							
Demonstrates self discipline							
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PERSONAL DEVELOPMENT	Outstanding	Good	Satisfactory	Needs improvement	Unsatisfactory		
Exhibits self-confidence							
Relates well to peers							
Shows concern for others							
Respects rights / property of others							
Shows courtesy / respect							
Demonstrates leadership ability							
Accepts constructive criticism							





Has this studen	t been recomme	nded for / received additional help	o or special education services at your school?
Yes:		If yes, what services and for h	
••••••	•••••		
Has the student	t ever been subje	ct to any serious discipline proced	ure?
Yes:	No:	If yes, please explain?	
•••••			
			cumstances, special factors, obstacles that may play a part
in his or her aca	demic standing a	and social development?	

