



## Confidential Teacher Referral Form

Please provide the information below and then give this form to your child's current teacher.

Name of Applicant: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street City State Zip

School Phone Number: \_\_\_\_\_ School Fax Number: \_\_\_\_\_

### PARENT'S/GUARDIAN'S RELEASE

I authorize the release of this information to Traders Point Christian Academy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

The student named above has made application to Traders Point Christian Academy. Your honest evaluation of the applicant will be helpful for the admissions process. **Please complete this form and send the original to Traders Point at the address on the back of this form or fax a copy directly to the school at 317-769-2456.** Your comments will be held in the **strictest confidence**. Thank you very much for your assistance.

Please evaluate the applicant in the following areas. Circle the number that best applies in each category.

<b>Academic Development</b>	<b>Weak</b>	<b>Fair</b>	<b>Good</b>	<b>Excellent</b>	<b>Exceptional</b>
Attention Span	1	2	3	4	5
Motivation	1	2	3	4	5
Study Habits	1	2	3	4	5
Quality of work	1	2	3	4	5
Contributions to group	1	2	3	4	5
Achievement relative to potential	1	2	3	4	5

*Please answer the following if applicable:*

Reading:

Decoding skills	1	2	3	4	5
Comprehension	1	2	3	4	5

Math:

Computation	1	2	3	4	5
Conceptualization	1	2	3	4	5
Problem solving	1	2	3	4	5

Language:

Comprehension	1	2	3	4	5
Follows directions	1	2	3	4	5
Oral expression	1	2	3	4	5
Written expression	1	2	3	4	5
Vocabulary	1	2	3	4	5

<b>Social/Emotional Development</b>	<b>Weak</b>	<b>Fair</b>	<b>Good</b>	<b>Excellent</b>	<b>Exceptional</b>
Level of maturity	1	2	3	4	5
Relationship with peers	1	2	3	4	5
Relationship with adults	1	2	3	4	5
Relationship with parents	1	2	3	4	5
Consideration of others	1	2	3	4	5
Adaptability	1	2	3	4	5
Sense of humor	1	2	3	4	5
Curiosity	1	2	3	4	5
Imagination and creativity	1	2	3	4	5
Self-confidence	1	2	3	4	5
Conduct	1	2	3	4	5

**Please Comment:**

1. What adjectives come to mind to describe this applicant? \_\_\_\_\_  
\_\_\_\_\_
2. Emotional development (self-image, acceptance of limits/routines, ability to make transitions, tolerance of frustration): \_\_\_\_\_  
\_\_\_\_\_
3. Social maturity (cooperation, respect for the rights of others, willingness to share, acceptance of constructive criticism): \_\_\_\_\_  
\_\_\_\_\_
4. Personal qualities (leadership, character, honesty, sense of humor, responsibility, concern for others): \_\_\_\_\_  
\_\_\_\_\_
5. Academic development: Please define areas of academic strength and weakness and comment on their nature and extent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Special interests or talents: \_\_\_\_\_  
\_\_\_\_\_
7. Parent cooperation and involvement: \_\_\_\_\_  
\_\_\_\_\_
8. To your knowledge, is the parents' perception of their child compatible with the school's understanding of the child?  
\_\_\_\_\_  
\_\_\_\_\_
9. Comments or other information you believe might be helpful: \_\_\_\_\_  
\_\_\_\_\_

Would you recommend this student for admission to Traders Point Christian Academy?

- Recommend without reservation
- Recommend with reservation (please explain)
  
- Cannot make a recommendation (please explain)

Please check here if you wish to discuss this candidate by telephone:  Best time to call: \_\_\_\_\_

Name (please print) \_\_\_\_\_ Position \_\_\_\_\_

School \_\_\_\_\_ Telephone \_\_\_\_\_

Fax number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_