



**ST. JOHN'S**  
PARISH DAY SCHOOL

## Confidential Teacher Referral Form 2012-2013

Student Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Name of person completing this form \_\_\_\_\_

Relationship to student  Current Teacher  Former Teacher  School Head  Other \_\_\_\_\_

I have known this student for \_\_\_\_\_ years/months.

Your school's name \_\_\_\_\_ School telephone \_\_\_\_\_

School address \_\_\_\_\_  
Street City State Zip Code

To the Teacher or School Director: We appreciate your cooperation in completing this form. Please be candid about this student's academic ability and motivation. All information received from you is confidential. We understand the difficulty in evaluating a student and are fully aware that children are constantly growing, changing, and developing. This form is one piece of the student's profile and will be used in our assessment of him/her. If the student is denied admission, the recommendation will be destroyed. Thank you for your assistance.

What are the first words which come to mind when describing this student?

What are the student's special interests?

For the following items, please check one or more responses which pertain to the student.

### Character and Personality Traits

### Comments

Conduct	Outstanding in Every Respect	Usually Good Behavior	Occasional Misconduct	Frequent Disruption	
Emotional Maturity/Stability	Very Mature	Average	Somewhat Immature	Very Immature	
Social relationship with peers/Consideration for others	Healthy Relationship	Has Occasional Minor Problems	Relates Poorly		
Leadership	Much	Some	Little		
Self Confidence	Healthy Self-Image	Needs Some Support	Needs Much Reassurance		
Integrity	Very Trustworthy	Usually Trustworthy	Not Trustworthy		
Sense of Humor	Highly Developed	Appropriate	Poorly Developed		
Sense of Responsibility	Very Responsible	Usually Responsible	Sometimes Responsible		
Interaction with Teachers/Adults	Is Comfortable	Is Dependent	Avoids Contact		

ACADEMIC TRAITS	Notably Advanced	Age Appropriate	Progressing Towards Age Appropriate	Possible Area of Concern	COMMENTS
Academic Potential					
Academic Achievement					
Self-Motivation					
Study Habits: Organization of Time and Materials					
Intellectual Curiosity					
Attention Span					
Commitment to Homework					
Ability to Follow Directions					
Ability to Work Independently					
Ability to Work in a Group					
Ability to Express Ideas Orally					
Ability to Express Ideas in Writing					
Response to correction					

Does the student have any outstanding abilities or deficiencies not covered by the above categories?

Yes  No  Don't Know

Have you observed any signs of learning disabilities?  Yes  No  Don't Know

Does the student receive any special accommodations or have an IEP, 504, or Action Plan?  Yes  No  Don't Know

If Yes, please explain: \_\_\_\_\_

Please circle the words which you feel describe this applicant.

Aggressive	Conscientious	Follower	Irritable	Over-protected	Self-Centered
Anxious	Disobedient	Happy	Manipulative	Passive-Resistant	Self-Disciplined
Articulate	Distractible	Helpful	Motivated	Perfectionist	Shy
Cheerful	Easily Discouraged	Honest	Negative Leader	Positive Leader	Social
Confident	Energetic	Influential	Organized	Responsible	Well-Liked

Parent Involvement:  Much  Usually  Rarely  Not Involved  Don't Know

Parent Cooperation:  Very Cooperative  Usually Cooperative  Not Cooperative  Don't Know

May we contact you if we have additional questions?  Yes  No

Email \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

**For a School Administrator**

Has the family satisfied all financial obligations to your school?  Yes  No Initials \_\_\_\_\_

Please return this form directly to St. John's Parish Day School. We cannot accept faxed recommendations.