Teacher Reference for Grades K through 12

Please return to:
Evangel Christian School
14836 Ashdale Avenue
Woodbridge, VA 22193 (703) 670-7127

Name of Applicant _____ has applied for admission to Evangel Christian School. Please assist us in learning more about the applicant's needs by filling out the information below.

Please circle the closest match in each category.

Academic Ability	Superior	Above Average	Does Work Satisfactorily	Marginal Ability	Major Ability Deficits
Independent Work & Study Habits	Excellent	Above Average	Average	Weak	Unsatisfactory
Conduct & Integrity	Outstanding	Above Average	Good – Acceptable	Questionable	Unsatisfactory
Percent Time on Task	Always	90% or Better	Normal Levels	Less than most	Rarely
Motivation	Excellent	Above Average	Average	Occasionally Weak	Weak
Attitude and Cooperation	Outstanding	Nice to have around	Satisfactory	Spells of non-cooperation	Generally Poor
Social Skills	Positive Leadership	Good relations with peers	Average	Little Interaction – Somewhat Aggressive	Isolated - Aggressive
Maturity and Stability	Well Beyond Peers	Above Average	Seems on age level	Below Age Level	Well below age level
Evaluation: Student Type	Outstanding	Excellent	Good - Acceptable	Fair	Poor

How long have you know the applicant? _____
Have you experienced the support of the parents in your work with this student?_____
_____
What are the applicant's strong points? _____
In what areas is improvement needed? _____
If you had a child the age of this student would you be comfortable allowing your child to be influenced by this student? _____
Would you recommend this student for admittance to Evangel Christian School?

□ Recommend □ Do not Recommend □ Recommend with Reservations

I wish this form and the information provided to remain confidential and unavailable to the applicant and applicant's family. YES NO

_____
Signature Please Print Name Date

_____

_____
Address, Phone number