



## ADMISSIONS REFERENCE FORM

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Your name: \_\_\_\_\_

Your relationship to this student: \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

1. What are the first words that come to mind when describing this student? \_\_\_\_\_

\_\_\_\_\_

2. Is this student a discipline problem for you or for others? (Please describe.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Is she/he likely to be distracted or to distract others in class? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. In terms of their social peer group, is this student influential as a leader (positively or negatively)?

\_\_\_\_\_

\_\_\_\_\_

5. Is this student outcast by her/his peers? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Have you ever suspected this student may be under the influence of drugs or alcohol? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Does this student have a learning disability? (Please describe.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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8. How self-motivated do you feel this student could be in an academic program that involves some independent work? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Are his/her parents involved in your school? (Please describe.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Please comment on this student's writing ability or math competence, if applicable.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We would appreciate additional comments and observations concerning this student's strengths, weaknesses, health or special needs. We welcome any other information that you think may be helpful in the admissions process. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For the following areas please check the box you feel is most applicable to this student.

His or her:	Excellent	Good	Fair	Poor
consideration for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
consideration for environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
self-respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
relationship with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
parent relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your signature: \_\_\_\_\_

Your day phone (in case we have questions): \_\_\_\_\_