



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. Are they 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 their 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 their 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.

Their:	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): _____