



Academic Reference Form

Student's Name:					
Do you personally know this student? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Your relationship to this student: <input type="checkbox"/> Core subject teacher <input type="checkbox"/> School Administrator					
How long have you known this student?					
In which subject(s) have you instructed this student?					
Please rate the following:					
	Poor	Fair	Good	Excellent	Unknown
Academic ability					
Academic performance					
Attendance					
Creativity					
Emotional stability					
Independence					
Parental involvement					
Respect for peers					
Respect for teachers					
Self-control					
Study habits					
Please describe this student's behavior in the classroom:					
Briefly describe this student's personality:					
What are this student's strengths?					
What are this student's weaknesses?					
What is this student's attitude toward school?					

To your knowledge, has this student had a history of drug, alcohol, or juvenile delinquency problems? Yes No If yes, please explain.

To your knowledge, has this student had a history of conduct or behavior problems? Yes No If yes, please explain

Does this student have a history of a learning disability or has he/she required any special assistance to meet academic requirements? Yes No If yes, please explain

On the basis of your knowledge of this student....

- I recommend this student without reservation.
- I recommend this student with reservation.
- I cannot recommend this student at this time.

Additional comments, if desired:

Signed:	Date:
Name (please print):	Title:
School Name:	School Phone:
School Address:	School Email:
City:	State Zip

Please note that this information will remain confidential.

This completed reference form should be faxed or mailed to:

Watersprings School
4250 S. 25th E.
Idaho Falls, ID, 83404
Fax: (208) 441-6806