

HAWAII ASSOCIATION OF INDEPENDENT SCHOOLS TEACHER REFERENCE REPORT (7-12)

Name: _____ Applicant for Grade: _____

Class Level: Accelerated _____ High _____ Average _____ Low _____ Heterogeneous _____

Please circle appropriate ratings N/A (not applicable) may be used in areas where there is insufficient data.

Motivation (effort, drive)	Occasional	Moderate	Good	Maximum	N/A
Ability to work alone	Needs help frequently	Needs help occasionally	Frequently works well		N/A
Leadership potential	A follower	Leads when put in a position	Seeks opportunity and uses them well	Natural	N/A
Classroom conduct	Occasional misconduct	Usually good behavior	Good conduct		N/A
Cooperates with adults	Sometimes	Usually	Nearly always		N/A
Personal, social adjustments	Relates poorly with others	Fluctuating relationship with peers; generally happy person	Healthy self image; healthy peer relationships		N/A
Home study habits	Never completes assignments	Sometimes misses assignments	Completes assignments	Does more than expected	N/A
Ability to express ideas orally	Has some difficulty	Good	Exceptionally good		N/A
Use of time	Occasionally well	Usually well	Often effectively		N/A
Organization of work	Fair	Average	Good	Excellent	N/A
Follows direction	Needs much explanation	Needs occasional help	Responds quickly		N/A
Consideration of others	Occasionally considerate	Usually	Very thoughtful		N/A
Initiative (wholesome)	Sometimes	Occasionally	Frequently works well		N/A
Fulfills responsibilities	Sometimes	Usually	Nearly always		N/A
Uses suggestions or corrections	Sometimes	Usually	Frequently		N/A

COMMENTS: (Any observations which may help us know this child are especially appreciated)

Teacher's Signature _____ Print or Type Name _____

Subject/Grade _____ Date _____

School _____

Lanakila Baptist Schools

Waipahu and Ewa, Hawaii

To: Parent/Guardian:

Please type or print the information requested on the first line of the reverse side and give the Teacher Reference Report to the school office. This form should be filled out by the student's teacher.

Please provide this form with a stamped envelope addressed to:

Lanakila Baptist High School

91-1219 Renton Road

Ewa, HI 96706

Finally, please complete and sign the following statement of consent, with full awareness that the information on the Teacher Reference Report is confidential.

I hereby give my permission to release the information indicated on the Teacher Reference Report regarding my child _____, for the purpose of admission to Lanakila Baptist Schools.

Signature of Parent/Legal Guardian

Date

To The Teacher:

We sincerely appreciate your willingness to complete the Teacher Reference Report for this application. The parent/guardian is aware that information you supply will be held in strict confidence. Please mail this form directly to Lanakila Baptist High School.

Should you have any questions, please contact our school office at 808-681-3146.

PLEASE MAIL THIS FORM DIRECTLY TO LANAKILA BAPTIST HIGH SCHOOL