

CONFIDENTIAL CLASSROOM TEACHER REFERENCE— (PRESCHOOL-5TH GRADE)



50 East Broad Street | Fairburn, GA 30213 | Phone: 770-306-0647 | Fax: 770-969-6551 | www.landmarkchristianschool.org | admissions@landmark-cs.org

Parent

Please sign this waiver and submit this form to the applicant's classroom teacher. Thank you.

Applicant's name _____ Current grade level _____

My child is an applicant for admission to Landmark Christian School. I hereby authorize you to release to Landmark Christian School the following confidential reference form *that you should mail directly to the Landmark Christian School Admissions Office*. I waive my right to review the information provided on this form.

signature of parent *name of parent (please print)* *date*

Classroom Teacher

Please assess the above named student in relation to peers in his/her present school. Additional comments are appreciated and may be attached separately. Return this form to **Landmark Christian School Admissions Office**, 50 East Broad Street, Fairburn, GA 30213. Thank you.

Academic Characteristics	Excellent	Above Average	Average	Below Average	Not Applicable
Fine Motor Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory and Retention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Communications Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits					
Listening in Group Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completion of Tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neat and Careful Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conformity to School Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional/Social Development					
Cooperation Among Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect of Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Self-Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make a short comment on the following

Parental support and involvement _____

Has outside help been recommended? Yes No Been Given? Yes No Please elaborate _____

Applicant's social and emotional development compared with others of the same chronological age _____

Describe how well the applicant is respected by adults/peers _____

Additional comments _____

In summary, I recommend this applicant for admission to Landmark Christian School

	Enthusiastically	Strongly	Moderately	With Some Reservation
Academic Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have known him/her for _____ years.

Name of school _____ Grade _____

Teacher's name (please print) _____

signature *position* *date*

school address *telephone*

city *state* *zip code*