

CONFIDENTIAL TEACHER REFERENCE— ENGLISH (GRADES 6-12)



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 English 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

English 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
Reading Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality of Thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization/Neatness	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Completion of Work on Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Characteristics	Excellent	Above Average	Average	Below Average	Not Applicable
Peer Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Criticism	<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"/>
Sense of Humor	<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 _____

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*