



# Teacher Reference Form

Name of Student \_\_\_\_\_ Grade to which applying \_\_\_\_\_

To The Teacher:

This student is seeking admission to Lakeland Christian School. We would appreciate your evaluation of the areas listed below. **You may indicate your ratings by numbers (1-5) in the right-hand column. Please use a question mark to indicate insufficient evidence on which to make a judgment.** We cannot act on the student's admission until this information is received. LCS will need one completed form from a teacher who knows the student well.

AREAS	1	2	3	4	5	Your rating
Academic Ability	Exceptional high honor roll	Fine student, honor roll	Average ability	Marginal ability	Academic risk	
Extracurricular Activities	Outstanding leader	Very involved	Fairly active	Minor participation	Few or no activities	
Reading Skill and Interest	Exceptional skills, loves to read	Above average, independent reader	Average ability	Slow reader, needs help with skills	Comprehension difficulty, requires assistance	
Initiative and Drive	Outstanding, resourceful	Well above average	Generally strong	Occasionally weak or lacking	Very weak	
Personal Qualities	Very mature	Above average maturity	Average maturity	Immature	Very immature	
Emotional stability	Exceptionally stable	Well-balanced	Usually well-balanced	Excitable or unresponsive	Hyper-emotional or apathetic	
Recommendation as a student	Outstanding	Excellent	Good	Fair	Poor	
Recommendation as a person	Outstanding	Excellent	Good	Fair	Poor	

- |                                             | <u>Always</u>         | <u>Often</u>          | <u>Sometimes</u>      | <u>Never</u>          |
|---------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| A. Accepts authority                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B. Concentrates on tasks without difficulty | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C. Cooperative                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Is the student in good standing and eligible to re-enter your school at the next grade level?

Yes  No If no, please explain: \_\_\_\_\_

Has any disciplinary action involving suspension or exclusion been taken with this student?

Yes  No If yes, please explain: \_\_\_\_\_

Has the student had disciplinary or attendance (tardiness) problems?

Yes  No If yes, please explain: \_\_\_\_\_

Are the parents cooperative?  Yes  No

Is the student involved in any special program? (circle any that apply)      Alpha      ESE Resource      Speech/Language Therapy

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_

School \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

We cannot process the student's application until this information is received. Please mail or fax this form to:  
 Lakeland Christian School • 1111 Forest Park Street • Lakeland, FL • 33803 • Phone (863) 688-2771 • Fax (863) 682-5637  
 If you prefer to give the recommendation over the phone, please call our registrar, Reva Thornton.