



# Teacher Reference Form for K4 / K5 Students

Name of Student \_\_\_\_\_

This student is seeking admission to Lakeland Christian School. We would appreciate your evaluation of the areas listed below. For the following items, please check the response that best describes the applicant.

- |   |  |   |   |
|---|--|---|---|
| <b>Learning Ability</b>                               | <input type="checkbox"/> Exceptional Ability     | <input type="checkbox"/> Average Ability  | <input type="checkbox"/> Marginal to Academic Risk  |
| <b>Motivation</b>                                     | <input type="checkbox"/> Outstanding             | <input type="checkbox"/> Generally Strong   | <input type="checkbox"/> Weak   |
| <b>Emotional Maturity</b>                             | <input type="checkbox"/> Very Mature             | <input type="checkbox"/> Usually Well-Balanced                                      | <input type="checkbox"/> Hyper-emotional<br><input type="checkbox"/> Apathetic              |
| <b>Self-Confidence</b>                                | <input type="checkbox"/> Healthy                 | <input type="checkbox"/> Needs some support   | <input type="checkbox"/> Seems overly confident<br><input type="checkbox"/> Poor self image |
| <b>Concentrates on Tasks Without Difficulty</b>       | <input type="checkbox"/> Always                  | <input type="checkbox"/> Often  | <input type="checkbox"/> Seldom to Never  |
| <b>Social Relationship with Peers</b>                 | <input type="checkbox"/> Excellent               | <input type="checkbox"/> Average  | <input type="checkbox"/> Poor   |
| <b>Accepts Authority of Teacher</b>                   | <input type="checkbox"/> Always                  | <input type="checkbox"/> Often  | <input type="checkbox"/> Seldom to Never  |
| <b>Check the box that best describes your program</b> | <input type="checkbox"/> Centers and free choice | <input type="checkbox"/> Balance between independent and teacher directed academics | <input type="checkbox"/> Teacher Directed (ABEKA)   |

Are parents cooperative?  Yes  No                      Is your preschool a VPK school?  Yes  No

Has the student had disciplinary problems?  Yes  No

If yes, please explain: \_\_\_\_\_

**K5 only:** At this time, would you recommend this student for a full-day, academic kindergarten?  Yes  No

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

Student's toiletry habits (check all that apply):  Totally potty trained  Occasional accidents  Needs assistance after BM

**Please give a brief description of this student:**  
\_\_\_\_\_

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

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

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.