



TEACHER REFERENCE REPORT

Academic Year 2020-2021

ADMISSIONS REQUIREMENT FOR STUDENTS ENTERING GRADES 1-12

<p>TO THE PARENT/GUARDIAN Complete and sign the following statement of consent to one of your child's current teachers or counselors with full awareness that the information on this form is strictly confidential, cannot be shared with you, and is only for admission purposes. Include a stamped envelope addressed to St. Michael School.</p> <p><i>I hereby give my permission to release the information that is requested on this form regarding my child for the purpose of admission to St. Michael School.</i></p> <p>Signature: _____ Date: _____</p>	<p>TO THE TEACHER St. Michael School sincerely appreciates your willingness to complete this form on behalf of the applicant. The parent/guardian is aware that any information you supply will be held in strict confidence.</p> <p>Do not return this form to the parent/guardian after completion. Fax, email, or mail it directly to the school.</p>
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STUDENT NAME (Last, First, M.I.): _____	GRADE: _____
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CURRENT SCHOOL NAME _____	SCHOOL TYPE <input type="checkbox"/> Public <input type="checkbox"/> Private
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CURRENT TEACHER/COUNSELOR NAME _____	TEACHER/COUNSELOR PHONE NUMBER / EMAIL _____
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PERSONAL CHARACTER					
Motivation	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Exceptional	
Leadership potential	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Exceptional	
Maturity	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Exceptional	
Integrity	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Exceptional	
Cooperation	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Exceptional	
Willingness to support others	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Exceptional	
Willingness to work hard	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Exceptional	
Ability to accept instruction	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Exceptional	
Ability to handle criticism	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Exceptional	
Dependability	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Exceptional	

SUBJECT AREA PERFORMANCE						
English Language Arts	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Not applicable	
Mathematics	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Not applicable	
Music / Performing Arts	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Not applicable	
Physical Education / Athletics	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Not applicable	
Social Studies	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Not applicable	
Science	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Not applicable	
Technology / Robotics	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Not applicable	
Visual Arts	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Not applicable	

ADDITIONAL COMMENTS
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TEACHER/COUNSELOR SIGNATURE: _____ **DATE:** _____