



# LEGACY

## ACADEMIC REFERENCE FORM (Teacher, Principal)

Applicant's Name: \_\_\_\_\_ Applying to Grade: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_

What adjectives come to mind when you think of this applicant? \_\_\_\_\_

Please check the appropriate rating below:

	Superior	Good	Average	Below Average	Poor
<b>SOCIAL DEVELOPMENT</b>					
Attention Span					
Ability to Follow Directions					
Ability to Complete Tasks					
Ability to Work in a Group					
Attitude Toward Teachers					
Attitude Toward Peers					
Confidence					
Ability to Communicate					
Assumption of Responsibility					
Conduct					
<b>ACADEMIC PERFORMANCE</b>					
Reading Skills					
Writing Skills					
Language Ability					
Math – Facts & Computation					
Math – Problem Solving Skills					
Work Ethic					
Organizational Skills					



I \_\_\_\_\_ strongly recommend                      \_\_\_\_\_ recommend                      \_\_\_\_\_ do not recommend  
this student for admission to Legacy Preparatory Christian Academy.

The student has been enrolled in this school for \_\_\_\_\_ years. I have known this student for \_\_\_\_\_ years.

Teacher's Name: \_\_\_\_\_

Position: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-School: \_\_\_\_\_

Address: \_\_\_\_\_

Thank you for completing this recommendation form. All information will be considered strictly confidential. Please mail or email this form to one of the following:

Legacy Community Christian School  
P.O. Box 520  
Brenham, TX 77834  
dbkeller@legacybrenham.org