



**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					
	Superior	Good	Average	Below Average	Poor
<b>FAMILY</b>					

Supports Child and His/Her Needs					
Supports School and Teacher					
Attendance					
Health					

Has outside help been recommended?                      Yes                      No

Has outside help been given?                                      Yes                      No

Please comment briefly on the following:

Applicant's social and/or emotional development as compared with is/her peers: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Applicant's greatest strengths: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Applicant's limitations, disabilities, or special needs: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Parental expectations, support, and attitude toward child: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has the student had any disciplinary problems? If so, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Additional comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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  
tabcarey@gmail.com