

TEACHER REFERENCE FORM (for children applying to Grades 2 through 8)

Name of Student: _____ is applying for Grade: _____

Instructions to the Parent: Please sign below and provide this form to a teacher who is familiar with your child. I/We give permission for the evaluator to provide to Buckingham Friends School the information requested below. We understand that as parents we will not have access to this confidential information, that it will be used for admission purposes, and that it will not become part of our child's permanent record.

First Parent/Guardian Signature: _____

First Parent/Guardian Signature: _____

Instructions to the Teacher: Please complete this form within two weeks, and return it directly to Admissions, Buckingham Friends School, P.O. Box 159, Lahaska, PA 18931. We respect the confidentiality of the information you provide, and will not share it with the applicant's family. Thank you for providing candid feedback as we consider this child for admission.

How long have you known the candidate and in what connection? _____

Please list subject taught, including level of difficulty: _____

Please list the textbook(s) used, if applicable: _____

	Exceeds age expectations	Age appropriate	Needs development	No basis for judgment
Attention skills, concentration, focus				
Original thinking, creativity of approach				
Self-motivation, effort, drive				
Ability to work independently and productively				
Follows directions				
Seeks help when needed				
Works well cooperatively/in groups				
Study habits, organization, task completion				
Willingness to take risks, try new activities				
Participation in class discussion				
Fine motor development				
Listening receptive language skills				
READING decoding				
comprehension				
for pleasure				
WRITING mechanics				
spelling				
organization of ideas				
creativity and imagination				
SPEAKING fluency, clarity of expression				
MATH sense of number				
computation				

problem-solving				
spatial sense				

Please comment on each of the following:

Academic strengths and weaknesses: effort, curiosity, motivation, and achievement in relation to potential, class participation and homework preparation

Learning style: auditory processing, visual processing, memory, application of learned skills, distractibility, working pace

Social skills: cooperation with peers, interaction with adults, respect for others, awareness of social cues

Emotional maturity: self-confidence, respect for limits and routine, compliance, ability to make transitions, response to frustration

Personal qualities: leadership, honesty, responsibility, and concern for others, sense of humor

To your knowledge, are the parents in agreement with your view of the student? Yes No Don't Know

Is there anything else that you would like to tell the school about this student as she/he is considered for admission?

Do you have any additional information that may be helpful in our evaluation of this student?

May we contact you for further information? Yes No

Teacher's Name

Position

School Name

School Address

Your contact number

Your e-mail address

Signature

Date