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# A C A D E M I C R E F E R E N C E

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## Community Christian School

Student's name	Applying for grade
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Your relationship to student: teacher[ ] administrator[ ] counselor[ ] other:	
How long have you known this student?	Subject(s)

Please rate the following:

	poor	fair	good	excellent	unknown
academic ability					
academic performance					
attendance					
creativity					
emotional stability					
independence					
parental involvement					
respect for peers					
respect for teachers					
self-control					
study habits					

Please describe this student's behavior in the classroom.
Briefly describe his/her personality.
What are his/her strengths?
What are his/her weaknesses?

(Proceed to page 2)

What is his/her attitude toward school?
To your knowledge, has he/she had a history of drug, alcohol, or juvenile delinquency problems? [yes] [no] If yes, please explain.
Has he/she ever been suspended or expelled? [yes] [no] If yes, please explain.
To your knowledge, has he/she had a history of conduct or behavior problems? [yes] [no] If yes, please explain.
Does he/she have a history of learning disability or has he/she required any special help to meet academic requirements? [yes] [no] If yes, please explain.
Additional comments, if desired:

Signed	Date	
Name (please print)	Title	
School name		
School phone	School E-mail	
School address		
City	State	Zip

**Please note that this information will remain confidential.**

**The completed reference form should be faxed to (850) 668-3966 or returned to Community Christian School, 4859 Kerry Forest Parkway, Tallahassee, FL 32309.**