STUDENT REFERENCE QUESTIONNAIRE

Confidential

PICKERING CHRISTIAN SCHOOL

TO THE TEACHER:

Please complete this form as fully as possible and ***MAIL IT DIRECTLY TO PICKERING CHRISTIAN SCHOOL*** ***(not to the parent)*** at your earliest convenience.

It is very important that you answer our questions candidly and honestly. We thank you in advance for your assistance.

Applicant's Name: _____ **Present Grade:** _____

School: _____ **Phone:** _____

How long have you known the applicant? _____

1. Are you well acquainted with the applicant? _____

_____

_____

_____

2. Does the applicant respect and respond well to authority? _____

_____

_____

_____

3. Describe his/her classroom behaviour? _____

_____

_____

_____

4. What are this applicant's strengths and weaknesses in relating to peers? _____

_____

_____

_____

5. Please review and mark the character trait evaluation on the reverse side.

Comment on anything that could help us to make the best decision relative to this applicant.

....please turn over

Character Traits	Excellent	Good	Average	Below Average	Poor	Not Known
Ability to communicate						
Ability to follow directions						
Ability to organize						
Academic performance						
Common sense and judgment						
Concern for others						
Leadership ability						
Perseverance						
Reaction to setbacks						
Respect by peers						
Self-discipline						
Teachability						
Attention span						

Additional comments on any of the character traits in the checklist:

_____

_____

_____

_____

_____

_____

Print Your Name: _____

Position: _____ **Phone:** _____

Date: _____ **Signature:** _____

PARENT/GUARDIAN WAIVER

I, _____

waive all rights to read or view this document once completed by the required individuals.

Date: _____ **Signature:** _____

(This portion to be completed by the Parent/Guardian prior to completion of the Reference portion.)