

Teacher Reference Form

FORT MYERS CHRISTIAN SCHOOL

Student's name: _____ Grade to which applying: _____ Date: _____

To The Teacher:

This student is seeking admission to Fort Myers Christian School. We would appreciate your evaluation of the areas listed below. **You may indicate your ratings by numbers (1-5) in the right-hand column. Please use a question mark to indicate insufficient evidence on which to make a judgment.** We cannot act on the student's admission until this information is received. FMCS will need one completed form from a teacher who knows the student well.

AREAS	1	2	3	4	5	Your rating
Academic Ability	Exceptional high honor roll	Fine student, honor roll	Average ability	Marginal ability	Academic risk	
Extracurricular Activities	Outstanding leader	Very involved	Fairly active	Minor participation	Few or no activities	
Reading Skill and Interest	Exceptional skills, loves to read	Above average, independent reader	Average ability	Slow reader, needs help with skills	Comprehension difficulty, requires assistance	
Initiative and Drive	Outstanding, resourceful	Well above average	Generally strong	Occasionally weak or lacking	Very weak	
Personal Qualities	Very mature	Above average maturity	Average maturity	Immature	Very immature	
Emotional stability	Exceptionally stable	Well-balanced	Usually well-balanced	Excitable or unresponsive	Hyper-emotional or apathetic	
Recommendation as a student	Outstanding	Excellent	Good	Fair	Poor	
Recommendation as a person	Outstanding	Excellent	Good	Fair	Poor	

	<i>Always</i>	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>
A. Accepts authority	0	0	0	0
B. Concentrates on tasks without difficulty	0	0	0	0
C. Cooperative	0	0	0	0

Is the student in good standing and eligible to re-enter your school at the next grade level?

Yes No If no, please explain: _____

Has any disciplinary action involving suspension or exclusion been taken with this student?

Yes No If yes, please explain: _____

Has the student had disciplinary or attendance (tardiness) problems?

Yes No If yes, please explain: _____

Are the parents cooperative? Yes No

Is the student involved in any special program? (circle any that apply):

Gifted Speech/Language Therapy ESE Resource Other: _____

Date: _____ Signature: _____ Title: _____

Printed Name: _____

School: _____ Phone: _____

Address: _____ Zip: _____

We cannot process the student's application until this information is received. Please mail or fax this form to:
 Fort Myers Christian School 1550 Colonial Blvd., Fort Myers, FL 33907
 Phone: 239-939-4642 Fax: 239-333-0511