

Student Reference Form



To be completed by current teacher. Thank you for your time.
Please return to Yaxche School by **March 7, 2008**.

Applicant's Name _____ Date _____

1. Please comment on the primary interests and abilities of the student: _____

Academic _____

Creative _____

Study Habits _____

Other _____

2. What are the student's strengths? (i.e. motivation, integrity, social adjustment, etc.)

3. Weaknesses? (i.e. reactive, negative, unenthusiastic, disinterested, etc.) _____

4. What makes this student unique? _____

5. Does the student have a learning disability or any other special educational needs?

	Very High	High	Average	Low
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributes to class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scholastic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative & Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awareness of Other's Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommendation

6. I Do I Do not recommend this candidate

Name (please print) _____ Signature _____

How long have you known student and in what capacity? _____

Contact Phone _____ School _____

Please make any additional comments that you think would help in the evaluation of this student and return sheet to:

Yaxche School, Main Office
123 Manzanares St./4100 NDCBU, Taos, NM 87571
575-751-4419 Fax 575-751-9896
