



CLASSROOM TEACHER CONFIDENTIAL ACADEMIC/CHARACTER REFERENCE (GRADES 1-8)

TO THE PARENT/GUARDIAN: As part of the admission process at Corpus Christi School, we request an academic assessment of the applicant by their current teacher. ***Please complete the following information, then provide this form to your child's current classroom or homeroom teacher.*** He/she will appreciate being given plenty of time to complete and return this form. *We do understand, however, that some public school districts (such as LAUSD) decline to have their teachers complete this form. If that is the case, please indicate so on this form, and then simply return the uncompleted form to CCS with your application.*

(PLEASE PRINT)

NAME OF APPLICANT: _____ CURRENT GRADE: _____

CANDIDATE FOR GRADE: _____ **IN SEPTEMBER 2019**

NAME AND ADDRESS OF CURRENT SCHOOL:

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

TO THE TEACHER: Thank you very much for your assistance. Your remarks below will be held in the strictest of confidence and are most appreciated, as we begin our review of the applicant's characteristics and academic potential. *This form will not become part of the student's permanent file.*

Please return this form to Corpus Christi School no later than the application deadline date of: **3/1/19.**

ACADEMIC ASSESSMENT:	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE
Ability to Remain Focused in Class				
Self-Motivation				
Work Habits				
Classroom Work Product				
Impulse Control				
Completion of Homework				
Critical Thinking Skills				
Achievement in Core Academic Subjects, i.e. Lit, Language, Math				
Verbal Participation in class				
Attendance at School				
CHARACTER ASSESSMENT:				
Leadership Qualities				
Self-Confidence				
Accepts Correction Appropriately				
Overall Behavior				

CHARACTER ASSESSMENT:	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE
Emotional Maturity				
Personal Initiative				
Reaction to Setbacks				
Respectful to Adults/Faculty				
Respectful to Other Students				
Relations with Peers				
Self-Motivation				
On Time to School / Class				

Please list any serious chronic health, academic, learning and/or behavioral problems that you are aware of: _____

Please list any IEP's, classroom accommodations and/or adjustments which have been provided for this student by you and/or the school: _____

Has the applicant's parent collaboration with the school been a positive force in his/her academic progress?

Please list three-five words that best describe this student:

Is this student receiving any special services at your school outside of regular class time?

If so, please briefly list them and state why the student is receiving them:

Please check the following, if known:	
<input type="checkbox"/>	Parents/Guardians are supportive if issues arise in class
<input type="checkbox"/>	Parents/Guardians are not generally supportive of the teacher if issues arise
<input type="checkbox"/>	Student consistently meets grade level standards outlined in the <i>Common Core Standards</i>
<input type="checkbox"/>	Student does not consistently meet grade level standards outlined in the <i>Common Core Standards</i>

Form Completed By: _____

Name (Please Print)

Title

Date: _____

Title: _____

Signature: _____

Daytime Phone Number: () - _____