



# RED HILL LUTHERAN CHURCH & SCHOOL

13200 Red Hill Avenue  
Tustin, California 92780

Phone: (714) 544.3132 Fax: (714) 544.8176 www.redhillschool.org

## ACADEMIC REFERENCE

**TO BE COMPLETED BY THE SCHOOL ADMINISTRATOR, COUNSELOR, OR TEACHER  
AND TO BE SENT DIRECTLY TO THE SCHOOL BY THE REFERRING PERSON.**

Student's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Applicant for Grade Level: \_\_\_\_\_ Applying for School Year: \_\_\_\_\_

*The student named above is a candidate for admission to Red Hill Lutheran School. We would appreciate your evaluation of the student. Please assist us by completing the following information and returning it to our school office at the address above at your earliest convenience as the student application cannot be processed without it. If you have any questions or concerns relative to the school or the above named student, please feel free to call the school office at (714) 544-3132. At your request, your comments will be held in confidence. Your input and rapid response are appreciated.*

Do you give your permission for this Reference to be shared with the applicant? YES NO

How long have you known this applicant, and in what capacity?

\_\_\_\_\_

The student's attendance has been (Please Circle): Excellent Good Poor

The student has been sent to the office for disciplinary problems (Please Circle): Often Seldom

Never

Please describe the nature of the problems. \_\_\_\_\_

Does the student have any significant limitations (physical, social, emotional, academic)? YES NO

If yes, please describe. \_\_\_\_\_

## **ACADEMIC WORK**

*Please rate this student in the following areas:*

	Truly Outstanding	Generally Excellent	Good/ Acceptable	Marginal	Poor	Insufficient Evidence	
Reading Ability	5	4	3		2	1	0
Writing Ability	5	4	3		2	1	0
Mathematical Ability	5	4	3		2	1	0
Study Habits	5	4	3		2	1	0
Self-Control	5	4	3		2	1	0
Attention Span	5	4	3		2	1	0
Ability to Work Independently	5	4	3		2	1	0
Ability to Organize and Communicate Ideas	5	4	3		2	1	0
Motivation and Drive	5	4	3		2	1	0
Intellectual Aptitude/Curiosity	5	4	3		2	1	0
Critical and Abstract Thinking Skills	5	4	3		2	1	0
Originality	5	4	3		2	1	0

*Please continue on the reverse side.*

## PERSONAL QUALITIES

In your opinion, what three words describe this candidate best?

\_\_\_\_\_

From your observations, does the student support the values of your school?

\_\_\_\_\_

Please rate this student in the following areas:

	Truly Outstanding	Generally Excellent	Good/ Acceptable	Marginal	Poor	Insufficient Evidence	
General Level of Maturity	5	4	3		2	1	0
Conduct	5	4	3		2	1	0
Respect for Class/School Rules	5	4	3		2	1	0
Sense of Humor	5	4	3		2	1	0
Creativity	5	4	3		2	1	0
Interest in Non-Academic Activities	5	4	3		2	1	0
Self-Confidence	5	4	3		2	1	0
Leadership Potential	5	4	3		2	1	0
Reaction to Criticism	5	4	3		2	1	0
Concern for Others	5	4	3		2	1	0
Personal Integrity	5	4	3		2	1	0
Ability to Act Independently	5	4	3		2	1	0
Ability to Relate to Adults	5	4	3		2	1	0
Ability to Relate to Peers	5	4	3		2	1	0
Respect for Authority	5	4	3		2	1	0
Parental Support/Involvement	5	4	3		2	1	0

Please comment about any of the applicant's noteworthy interests, talents, and abilities:

\_\_\_\_\_

Please describe anything unusual or exceptional about this student that you feel deserves special consideration.

\_\_\_\_\_

Does the family meet their school-related financial responsibilities? Yes \_\_\_\_ No \_\_\_\_  
(This question may be answered by the School Administrator, Accountant, or Registrar).

## RECOMMENDATION

Please provide your overall recommendation regarding the student's qualifications for admission to Red Hill Lutheran School by marking one of the following:

Highly Recommend     Recommend     Hesitate to Recommend     Do NOT Recommend

Additional Comments: \_\_\_\_\_

Name of Evaluator: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Name: \_\_\_\_\_ School Phone: \_\_\_\_\_

School Address: \_\_\_\_\_