



DORIS TODD MEMORIAL CHRISTIAN SCHOOL

Statement of Consent for Release of Information

TEACHER REFERENCE

For students entering grades 1-8.

To The Parent/Guardian:

Please sign the Consent for Release and give it to your child's current teacher. Please provide a **stamped envelope** addressed to:

**Admissions
Doris Todd Memorial Christian School
519 Baldwin Avenue
Paia, Hawaii 96779
Phone 808-579-9237 Fax 808-579-9449**

Statement of Consent for Release of Information

I hereby give my consent for release of the information indicated on the Teacher Reference Form regarding my child, _____, for the purpose of admission to Doris Todd Memorial Christian School.

Parent/Guardian Signature

Date

To The Teacher:

The above-named student has applied for admission to our school. In order that we may make an intelligent selection of students and learn something about their needs before they come to us, we are seeking information from you concerning the applicant. This information will be held in strict confidence. Please return this form directly to Doris Todd Memorial Christian School. We appreciate your willingness to complete this form.

Over, please

TEACHER REFERENCE REPORT

Name: _____ Current Grade: _____ Applicant for Grade: _____

Class Level: Accelerated High Average Low Heterogeneous

Academic Qualities: Please check appropriate rating. N/A (not applicable) may be used in areas where there is insufficient data.

Motivation (effort, drive)	_____	_____	_____
	Occasional	Moderate	Maximum
Ability to Work Alone	_____	_____	_____
	Occasional	Moderate	Maximum
Home Study Habits	_____	_____	_____
	Needs Help Frequently	Needs help Occasionally	Frequently Works Well
Participation in Discussion	_____	_____	_____
	Contributes When Called On	Volunteers Occasionally	Joins in Readily
Ability to Express Ideas Orally	_____	_____	_____
	Has Some Difficulty	Good	Exceptionally Good
Use of Time	_____	_____	_____
	Occasionally Well	Usually Well	Often Effectively
Organization of Work	_____	_____	_____
	Fair	Average	Excellent
Follows Directions	_____	_____	_____
	Needs Much Explanation	Needs Occasional Help	Responds Quickly

Personal Qualities: Please check appropriate rating. N/A (not applicable) may be used in areas where there is insufficient data.

Leadership Potential	_____	_____	_____
	A Follower	Occasionally Seeks Opportunities	Natural Leader
Classroom Conduct	_____	_____	_____
	Occasional Misconduct	Usually Good Behavior	Good Conduct
Cooperates with Adults	_____	_____	_____
	Sometimes	Usually	Nearly Always
Personal/Social Adjustment	_____	_____	_____
	Relates Poorly w/Others	Fluctuating Relationships w/peers, Generally Happy Person	Healthy Self-image, Healthy Peer Relationships
Ability to Work in a Group	_____	_____	_____
	Sometimes	Usually Effective	Frequently Works Well
Consideration of Others	_____	_____	_____
	Occasionally Considerate	Usually	Very Thoughtful
Takes Initiative	_____	_____	_____
	Sometimes	Occasionally	Frequently
Fulfills Responsibilities	_____	_____	_____
	Sometimes	Usually	Nearly Always
Uses Suggestions & Correction	_____	_____	_____
	Sometimes	Usually	Frequently

Observations which may help us know this student are especially appreciated: _____

Teacher Signature: _____ Print Name: _____

Name of School: _____ Date: _____

Over, please