



Date: _____

REFERENCE - TEACHER Required Form

APPLICANT SHOULD COMPLETE THIS SECTION BEFORE GIVING TO FORMER TEACHER:

Student: _____ DOB _____ / _____ / _____

Teacher: _____

School: _____

Grade/Subject Taught: _____

FORMER TEACHER should complete this section and mail to: Azle Christian School *1801 S. Stewart St.* Azle, Texas
76020

* How well do you know this candidate? _____

The above named student has applied for admission to Azle Christian School. In order to make an intelligent selection of students and to adequately meet their needs, we must learn as much as possible about them before they come to us. Answer only those questions about which you have knowledge. The information you give will be kept in strict confidence . . . Thank you.

Azle Christian School operates under a racial nondiscriminatory policy; therefore we do not discriminate against applicants, students, employees or others on the basis of color, race or national origin.

Please rank this student accordingly:

CHARACTERISTICS	OUTSTANDING	GOOD	NORMAL	NEEDS HELP	POOR	UNKNOWN
Reliability						
Determination						
Completes Tasks						
Follows Directions						
Gets Along With Others						
Emotional Stability						
Auditory Learner						
Visual Learner						
Hands-on Learner						
Leadership Qualities						
Utilizes Full Potential						
Chooses Friends Wisely						
Copes With Stress						
Responds Appropriately to Authority						

* Does his/her conduct record indicate challenges beyond that which would be considered acceptable?

YES _____ NO _____ If "yes," please explain:

* How strongly do you recommend this applicant for admission to Azle Christian School? (Circle One)

Highly Recommended

Confidently

Acceptable

Not Recommended

Print Name

Signature

Position