

Giff Hill School

D

P.O. Box 1657, St. John, Virgin Islands 00831 ■ 340.776.1730 ■ Fax 340.776.1739 ■ www.giffhillschool.org



TEACHER REFERENCE

To the Parent / Guardian: _____

Please read and sign the statement below.

I acknowledge that I waive my right to read the confidential teacher recommendation and the school report for the student named above.

Name of Parent / Guardian

Signature of Parent / Guardian

Date

To the Applicant: _____

Print your name below and then give this form to your current teacher.

Name of Student

Grade Applying

Signature

Date

To the Teacher: _____

The student named above is a candidate for admission to Giff Hill School. Please use both sides of this form to comment candidly on her / his academic and personal qualifications and return it in the envelope provided. Your recommendation is vital to our process. If you have any questions please call the school at 340-776-1730. Thank you.

Your Name (please print)

Title / Position

School

How well do you know the student academically?

Very well Fairly well Somewhat Not at all

As a person?

Very well Fairly well Somewhat Not at all

What are the first three words that come to mind to describe this student?

1. _____ 2. _____ 3. _____

Please comment on this student's character, citizenship and contributions to your classroom.

TEACHER REFERENCE D

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

	Excellent	Good (Above Average)	Average	Poor (Below Average)	No Basis for Judgment
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to take intellectual risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty / Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity (relative to age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation as a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any additional information that will give us a more complete picture of the student.

Thank you for taking your valuable time to complete this evaluation.

Signature

Date

Mailing Address

Email Address

Business Phone