



PEARL HARBOR CHRISTIAN ACADEMY

94-1044 WAIPIO UKA STREET, WAIPAHU, HAWAII 96797 (808) 678-3997 FAX: (808)678-6607

TEACHER REFERENCE FORM (Kindergarten)

APPLICANT: Please provide a pre-addressed (to PHCA), stamped envelope with this form. Form should be completed by the most recent teacher from the last school your child attended.

Please ask your child's most recent or current teacher to complete this form and return directly to the school.

I, _____, the parent/guardian of _____ grant permission for the information requested below to be released to Pearl Harbor Christian Academy.

Signature of Parent/Guardian

Date

Dear Teacher:

Thank you for your assistance in completing this reference regarding: _____.

Please return this form as soon as possible so we can process his/her application.

Please indicate how you would rate this student:

	Poor	Below Ave.	Ave.	Good	Excellent				
Learns new material/concepts easily-----	2	3	4	5	6	7	8	9	10
Shows Effort in Classwork and Tasks Assigned-----	2	3	4	5	6	7	8	9	10
Recognizes and knows sounds of consonants -----	2	3	4	5	6	7	8	9	10
Recognizes and knows sounds of short & long vowels-----	2	3	4	5	6	7	8	9	10
Recognizes and knows numbers 1-25 -----	2	3	4	5	6	7	8	9	10
Able to write own name-----	2	3	4	5	6	7	8	9	10
Able to write Upper/Lower Case Letters -----	2	3	4	5	6	7	8	9	10
Able to Follow Directions-----	2	3	4	5	6	7	8	9	10
Able to Work Independently -----	2	3	4	5	6	7	8	9	10
Able to Relate and Work Well with Peers -----	2	3	4	5	6	7	8	9	10
Exhibits Self-Control -----	2	3	4	5	6	7	8	9	10
Classroom Behavior -----	2	3	4	5	6	7	8	9	10
Attitude and Respect towards Adults -----	2	3	4	5	6	7	8	9	10
Cooperation and Involvement of Parents -----	2	3	4	5	6	7	8	9	10

Any areas that need improvement: _____

Student's areas of strength: _____

Teacher's Signature: _____ Print Name: _____

School/Grade: _____ Phone Number: _____

Thank you for your sincere time and effort in completing this form. Please mail or fax directly to: PHCA, at the number listed above.