



Pearl Harbor Christian Academy

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

TEACHER REFERENCE FORM (Entering 1st - 5th Grade)

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

I, _____, the parent or legal 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				
Potential to Succeed Academically-----	2	3	4	5	6	7	8	9	10
Academic Achievement in Relation to Peers-----	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
Exhibits Responsibility-----	2	3	4	5	6	7	8	9	10
Exhibits Self-Control-----	2	3	4	5	6	7	8	9	10
Problem-Solving Skills-----	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 in a Group-----	2	3	4	5	6	7	8	9	10
Able to Follow Directions-----	2	3	4	5	6	7	8	9	10
Classroom Behavior-----	2	3	4	5	6	7	8	9	10
Able to Concentrate and Pay Attention-----	2	3	4	5	6	7	8	9	10
Attitude and Respect towards Peers-----	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.