



# PEARL HARBOR CHRISTIAN ACADEMY

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

## ENGLISH TEACHER REFERENCE FORM (Entering 6th - 12th 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	
Writing Skills-----	1	2	3	4	5	6	7	8	9	10
Ability to express ideas orally-----	1	2	3	4	5	6	7	8	9	10
Shows Effort in Classwork and Tasks Assigned-----	1	2	3	4	5	6	7	8	9	10
Wise use of Time -----	1	2	3	4	5	6	7	8	9	10
Class Participation-----	1	2	3	4	5	6	7	8	9	10
Organizational Skills-----	1	2	3	4	5	6	7	8	9	10
Able to Work Independently-----	1	2	3	4	5	6	7	8	9	10
Able to Relate and Work Well in a Group -----	1	2	3	4	5	6	7	8	9	10
Able to Follow Directions -----	1	2	3	4	5	6	7	8	9	10
Classroom Behavior-----	1	2	3	4	5	6	7	8	9	10
Able to Concentrate and Pay Attention -----	1	2	3	4	5	6	7	8	9	10
Attitude and Respect towards Peers-----	1	2	3	4	5	6	7	8	9	10
Attitude and Respect towards Adults -----	1	2	3	4	5	6	7	8	9	10
Cooperation and Involvement of Parents-----	1	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.*