



West Hills Christian School

7945 SW Capitol Hill Rd., Portland, OR 97219 * 503-245-6688 * Fax 503-245-4780

Confidential Educator Reference Form

Grades 4-8

This form is to be completed by the student's Teacher, Principal or Counselor of the school most recently attended. The completed form should be mailed or faxed directly to West Hills Christian School.

Parent/Guardian Signature: _____ **Date:** _____

Signature allows for permission to release student school records/evaluations and to contact student's school.

Previous School Info:

Student Name: _____ Current Grade: _____

Referral From: _____ Position/title: _____

School: _____ Phone: _____

Address: _____

Please assess the applicant in the following areas:

	Exceeds Grade Level	Meets Grade Level	Below Grade Level	Intervention Needed
Reading comprehension:				
Writing skills:				
Math skills:				
Communication skills:				
Initiative/ motivation:				
Conscientious/ Responsible:				
Works well in a group:				
Ability to work independently:				
Attitudes/behavior towards adults:				
Peer relationships:				
Overall anticipated success of this student in the next grade:				

Please complete the following :

- How long have you known the applicant? _____
- Has this student been in any special programs? (Academic Assistance, TAG, Counseling, etc.)
- What additional information do you believe would be important to understand about his applicant?

Thank you for completing this reference form.

Signature: _____ Date: _____