# **Confidential Educator Reference Form**

## West Hills Christian School

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

# **Grades K-3**

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. |
| ខ្ម Student Name:   | Current Grade:                                |
| ين<br>19 Student Name:<br>Referral From:<br>School:               | Position/title:                               |
| School:   | Phone:  |
| د من                          |   |

#### Please assess the applicant in the following areas:

|  | Exceeds<br>Expectations | Meets<br>Expectations | Developing | Needs<br>Improvement | Intervention<br>Needed |
|--|-------------------------|-----------------------|------------|----------------------|------------------------|
| Reading skills:  |                         |                       |            |                      |                        |
| Writing skills:  |                         |                       |            |                      |                        |
| Understanding of Mathematical concepts:                        |                         |                       |            |                      |                        |
| Communication skills:  |                         |                       |            |                      |                        |
| Able to stay on task:  |                         |                       |            |                      |                        |
| Able to follow directions:                                     |                         |                       |            |                      |                        |
| Works well in a group:   |                         |                       |            |                      |                        |
| Ability to work independently:                                 |                         |                       |            |                      |                        |
| Emotional maturity:  |                         |                       |            |                      |                        |
| Attitudes/behavior towards adults:                             |                         |                       |            |                      |                        |
| Attitudes/behavior towards peers:                              |                         |                       |            |                      |                        |
| 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 | ı for com | pleting this | reference | form. |
|--|-----------|-----------|--------------|-----------|-------|
|--|-----------|-----------|--------------|-----------|-------|

Signature:

Date:

Accredited by the Northwest Association of Schools and Colleges and the Association of Christian Schools International West Hills Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, scholarship and loan programs, and athletic and other school-administered programs.