

**St. Clement's School
Teacher Reference Report**

Name _____ Birthdate _____

Circle appropriate ratings:

| | | | | | |
|------------------------------------|------------------------|-------------------------|-----------------------|--------------------|-------------|
| Academic Achievement | limited | fair | average | good | outstanding |
| Gross Motor Control | limited | fair | average | good | outstanding |
| Fine Motor Control | limited | fair | average | good | outstanding |
| Effort | limited | occasional | sporadic | good | maximum |
| Study Habits | poor | fair | good | excellent | |
| Ability to Work in a Group | poor | fair | good | excellent | |
| Ability to Work and Play Alone | poor | fair | good | excellent | |
| Follows Direction | needs much explanation | occasionally needs help | quickly and correctly | | |
| Uses Suggestions or Corrections | rarely | needs reminders | usually | always | |
| Attention Span | easily distracted | occasionally distracted | usually good | exceptionally good | |
| Maturity in Terms of Age and Grade | very immature | somewhat immature | normal | above average | very mature |
| Classroom Behavior | disruptive | occasionally disrupts | usually good | always good | |
| Cooperates with Adults | rarely | sometimes | usually | always | |
| Cooperation of parents | poor | fair | good | outstanding | |

Circle words which describe student:

passive, vivacious, good-humored, friendly, well-liked, aloof, sociable
 belligerent, forthright, shy, sullen, cheerful, self-centered, poised
 nervous, irritable, easily discouraged, persistent, insecure, leader
 attention getter, honest, follower.

Record additional comments on reverse side of sheet.

Teacher's Signature _____

School _____ Date _____

St. Clement's School

TO THE PARENT/GUARDIAN

Type or print the information requested on the first line of the reverse side and give the Teacher Reference Report to the applicant's current teacher after January 1.

Provide the teacher with a stamped envelope addressed to:

St. Clement's School
1515 Wilder Avenue
Honolulu, HI 96822

Finally, complete and sign the following statement of consent to the teacher, with full awareness the information on the Teacher Reference Report is strictly confidential and will not be shared with you or anyone beyond the St. Clement's Admissions Committee.

I hereby give permission to release the information that is requested on the Teacher Reference Report regarding my child, _____, for the purpose of admission to St. Clement's School.

(Signature of Parent/Guardian)

(Date)

TO THE TEACHER

Please make your evaluation **after January 1 and return by January 31 by mail to St. Clement's School.**