



TEACHER REFERRAL FORM

Thank you for taking the time to complete this evaluation form on behalf of the applicant and their family. As a part of the application process at Dunwoody Christian School, we ask our applicants to obtain information from their current teachers. We would ask that you please answer the following questions as accurately and honestly as possible in order to help us better know this applicant.

Please email this completed form to info@dunwoodycs.org. Attn: Admissions

STUDENT INFORMATION

Student/Applicant's Name _____

Name of Current School _____

Grade Level _____ Subject (if applicable) _____

TEACHER EVALUATION

1. How long have you known the student and in what capacity?

ACADEMICS

2. How would you rate this student academically? Check one:

Above Average Average Below Average Requires Additional Academic Support

3. Please describe the student's academic ability in the following areas:

Math

English Language Arts

4. Please describe the students strengths.

5. Please describe the students weaknesses.



BEHAVIOR

6. How would you describe the student's behavior at school? Please include information on the student's attitude and leadership.

7. How does this student respond to re-direction/discipline?

8. Please describe any disciplinary action that has been taken:

Please share any additional information that you feel might be helpful in our understanding of this student:

Teacher Name: _____

Position: _____

Email Address: _____

Date: _____