

KAUA'I PACIFIC SCHOOL STUDENT REFERENCE

Student Name: _____ Grade Applying For: _____

Class Level: Accelerated ___ High ___ Average ___ Low ___ Heterogeneous ___

Subject and/or Grade Taught: _____

How Long Have You Known the Applicant?: _____

Please check appropriate rating (√). N/A (not applicable) may be used in areas where there is insufficient data.

Student has shown ability to: (check one)

	Almost Always	Usually	Almost Never
Demonstrate Leadership			
Cooperate with Peers			
Work Independently			
Follow Directions			
Accepts Suggestions/Corrections			
Fulfill Responsibilities			
Persist with Tasks			
Make Decisions			
Remain Flexible			
Complete Homework			
Listen to Other Points of View			
Express Ideas Orally			
Participate in Class Discussion			
Display Consideration of Others			
Cooperate with Adults			
Exhibit Positive Classroom Conduct			
Effectively Use Time			
Demonstrate Organizational Skills			
Display Disruptive Behavior			
Control Anger			

Teacher's Signature _____

Print or Type Name _____

School _____

Date _____

