



# Giffthill School TEACHER REFERENCE FORM

5000 Estate Enighed, PMB # 356, St. John, VI 00830 ■ 340.776.1730 ■ www.giffthillschool.org

## Applicant Information:

Please read and sign the statement below.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Grade Applying

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent / Guardian

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

- I acknowledge that I waive my right to read the confidential teacher recommendation and the school report for the applicant.

## Teacher Reference:

The student named above is a candidate for admission to Giffthill School. Please use both sides of this form to comment candidly on her/his academic and personal qualifications and **e-mail it to registrar@giffthillschool.org**. Your recommendation is vital to our process and will be kept confidential. If you have any questions please call the school at 340-776-1730. Thank you.

\_\_\_\_\_  
Your Name (please print)

\_\_\_\_\_  
Title / Position

\_\_\_\_\_  
School

How long have you known the student? \_\_\_\_\_

How well do you know the student academically?

· Very well · Fairly well · Somewhat · Not at all

How well do you know the student as a person?

· Very well · Fairly well · Somewhat · Not at all

What are the first three words that come to mind to describe this student?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Please comment on this student's character, citizenship and contributions to your classroom.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his / her age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

	Excellent	Good (Above Average)	Average	Poor (Below Average)	No Basis for Judgment
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to take intellectual risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty / Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity (relative to age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation as a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any additional information that will give us a more complete picture of the student.

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If you would prefer to have a member of our admission team call you to discuss this candidate, please share your contact information below:

*Thank you for taking your valuable time to complete this evaluation.*

Signature

Date

Mailing Address

Email Address

Business Phone Number

**Email completed form to: registrar@giffthillschool.org**