



TEACHER ASSESSMENT/REFERRAL

If student is homeschooled, a Sunday School teacher, AWANA leader, or Christian sports coach are acceptable. (Someone other than the parent).

20__ - 20__ Family _____

Student Name _____

The above named family is requesting that you provide Hope Academy with an academic and character assessment of their child. Please be honest and straightforward in your evaluation. This recommendation will remain confidential. Please feel free to attach any additional comments you feel would be helpful to the Hope Academy Leadership.

How long has this student attended your school/program? _____

How long have you known this student/family? _____

How well do you know this student? Casually Well Very Well

How many times has the student been tardy? _____ Excused Absence(s)? _____ Unexcused Absence(s)? _____

What are the student's strengths? _____

What are the student's weaknesses? _____

Has this student had any disciplinary action taken against them? If yes, please explain. Yes No

Are you aware of any academic or social needs? If yes, please explain. Yes No

Were any accommodations made for the student either academically or socially? If yes, please explain. Yes No

Do the parents exhibit a willingness to address discipline issues brought forth by you or other school/program officials?

Explain: _____



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On a scale of 1 to 4, rate the student in the following areas. 1 = Superior 2 = Above Average 3 = Average 4 = Deficient

- | | |
|---|-----------------------------|
| _____ Honesty, personal integrity | _____ Ability to adapt |
| _____ Emotional stability | _____ Dependability |
| _____ Ability to pay attention / stay focused on a task | _____ Knows what is right |
| _____ Appropriate interaction with other students | _____ Seeks what is right |
| _____ Appropriate interaction with adults | _____ Sound judgment |
| _____ Response to instruction / correction | _____ Respect for authority |
| _____ Faithfulness to complete work | _____ Concern for others |

Explanation/Further comments: _____

Signature _____ Date _____

Print Name _____

Position _____

School/Program Name _____

If we have any additional questions, may we contact you? YES NO

Contact Number (_____) _____

After completion, please submit this recommendation directly to the Hope Academy.

Hope Bible Church
Attn: Hope Academy
7185 Oakland Mills Road, Suite A
Columbia, MD 21046