

HAWAII ASSOCIATION OF INDEPENDENT SCHOOLS

Common Teacher Reference Report – Grades 2-12

(Please return completed form after December 1)

PARENTS: Please sign this statement. I understand the information on this report is confidential and will not be shared beyond the admission committee.

TEACHER: Thank you for completing this form. The information you provide is confidential and does not become part of the student's permanent record.

Parent or Guardian Date

Applicant's Name _____ Grade Applying _____
Last First Middle

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

Subject and/or Grade _____ Self-contained Yes No

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

Academic Qualities

Motivation (effort, drive)	•	•	
	rare	moderate	maximum
Ability to work alone	•	•	
	needs help frequently	needs help occasionally	works well
Homestudy habits	•	•	
	never completes assignments	completes assignments	does more than expected
Participation in discussion	•	•	
	contributes when called on	volunteers occasionally	joins in readily
Ability to express ideas orally	•	•	
	has some difficulty	good	exceptionally good
Use of time	•	•	
	poor	average	excellent
Organization of work	•	•	
	poor	average	excellent
Follows direction	•	•	
	needs much explanation	needs occasional help	responds quickly

Personal Qualities

Leadership potential	•	•	
	a follower	occasionally seeks opportunities	natural leader
Classroom conduct	•	•	
	poor	average	excellent
Cooperates with adults	•	•	
	rarely	usually	always
Personal/social adjustment	•	•	
	relates poorly with others	fluctuating relationships with peers; generally happy person	healthy self image; healthy peer relationships
Ability to work in a group	•	•	
	rarely	usually	always
Consideration of others	•	•	
	rarely	usually	always
Takes initiative	•	•	
	rarely	usually	always
Fulfills responsibilities	•	•	
	rarely	usually	always
Uses suggestions or corrections	•	•	
	rarely	usually	always

We appreciate additional observations about this applicant. _____

Print or Type Name _____ Teacher's Signature _____

School _____ School Phone # _____ Date _____



IOLANI SCHOOL

TEACHER REFERENCE REPORT

TO THE PARENT OR GUARDIAN:

- Please type or print the information requested on the first line of the reverse side.
- Complete and sign the following statement of consent to the teacher, with full awareness that the information on the TEACHER REFERENCE REPORT is strictly confidential, cannot be shared with you and is used only for admissions purposes.

I hereby give my permission to release the information that is requested on the TEACHER REFERENCE REPORT regarding my child,

_____,
for the purpose of admission to 'Iolani School.

Signature of Parent/Guardian

Date

- Give a TEACHER REFERENCE REPORT to two of your child's teachers in the academic areas of English, math, social studies, science or language.
- If your child currently has one teacher, give the second form to your child's previous year's teacher.
- Please provide the teacher with a stamped envelope addressed to:

'Iolani School
OFFICE OF ADMISSION
563 Kamoku Street
Honolulu, HI 96826

TO THE TEACHER:

We sincerely appreciate your willingness to complete the TEACHER REFERENCE REPORT for this child. The parent/guardian is aware that any information you supply will be held in strict confidence.

- Please return the completed evaluation to the Office of Admission between **December 1 and January 31**.
- Should you have any questions, feel free to call our office at (808) 943-2222.