

LOWER SCHOOL ACADEMIC REFERENCE

Houston Academy 901 Buena Vista Drive Dothan, AL 36303 (334) 794-4106 Fax (334) 793-4053 www.houstonacademy.com

APPLICANT'S NAME:		Current Grade:		
I waive my right of access to this evaluation form. lisenbyn@houstonacademy.com or fax to the abo	. I ask that my applicant's prima ve listed number, directly to the	ary teacher comple Director of Admis	ete this form and eithe ssions at Houston Acad	r email it to demy.
I understand that references that are returned	l by the parent or guardian ca	nnot be accepted	l.	
Parent/Guardian Signature:		Date:		
Dear Evaluator: The student named above is applying for day school. Our mission is to prepare students for curriculum, we require an evaluation from the prifull and candid appraisal of his or her academic anyou for your time. Please mark the following box that most closely defined to the students of	responsible participation in a g mary educator of our applicants ad personal qualities. All informa	lobal society. Due to help us in the a	to the academic natur	e of our
	Excellent	Good	Average	Poor
Academic achievement				
Organization/study skills				
Attention span				
Ability to work independently				
Classroom behavior				
Motivation for learning				
Peer relationships				
Work habits				
Attendance				
Parent involvement				
What are the greatest strengths of this student?				
What are the areas of difficulty for this student?				
Have you made recommendations for acade Is there any other pertinent information th				
Name of Evaluator:		Title:		
Signature:		School:		