



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. I ask that my applicant's primary teacher complete this form and mail it directly to the Director of Admissions at Houston Academy. I understand that references that are returned by the parent or guardian cannot be accepted.

Parent/Guardian Signature: _____ Date: _____

Parents: please provide a stamped, addressed envelope for your student's primary educator who will be providing this reference.

Dear Evaluator:

The student named above is applying for admission to Houston Academy. Houston Academy is a college preparatory, independent day school. Our mission is to prepare students for responsible participation in a global society. Due to the academic nature of our curriculum, we require an evaluation from the primary educator of our applicants to help us in the admissions process. We appreciate your full and candid appraisal of his or her academic and personal qualities. All information you provide will be kept strictly confidential. Thank you for your time.

Please mark the following box that most closely describes the candidate.

	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 academic or psychological testing for this student? _____

Is there any other pertinent information that will help us to better understand this applicant? _____

Name of Evaluator: _____ Title: _____

Signature: _____ School: _____