HAWAI‘I ASSOCIATION OF INDEPENDENT SCHOOLS
TEACHER REFERENCE REPORT – Grades K-1

Please return completed form after December 1

Child’s Name ______________________________ Application for Grade _______ With Teacher Since _______

School ___________________________ Class Size ___________ School Hours _______

Please check the appropriate descriptor on this continuum.

SOCIAL & EMOTIONAL BEHAVIOR

Beginning | With Teacher Support | Growing Independence | Consistent and Independent
---|---|---|---
Works and plays cooperatively
Works independently
Accepts responsibility
Exhibits self-control
Is able to relate to adults
Shows good attention span

WORK HABITS & ATTITUDES

Beginning | With Teacher Support | Growing Independence | Consistent and Independent
---|---|---|---
Shows initiative
Listens attentively
Follows directions
Completes assigned tasks
Cares for materials
Shows active interest in classroom activities

LEARNING READINESS

Beginning | With Teacher Support | Growing Independence | Consistent and Independent
---|---|---|---
Articulates appropriately for age
Uses an adequate vocabulary
Listens to and enjoys stories read to him/her
Recalls specific story details
Recalls main idea of a story
Recognizes size, shape and quantity differences
Recognizes rhyming sounds
Understands and uses number vocabulary
Counts objects
Small muscle coordination

Anecdotal information and observations about this child are appreciated.

__________________________________________

School Phone Number Date

I I

Form Completed by Signature

(please print)

□ Teacher
□ Administrator
TO THE PARENT/GUARDIAN:

• Please type or print the information requested on the first line on 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, can not 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, _______________________________ applicant’s name for the purpose of admission to Mid-Pacific Institute.

______________________________ signature of parent/guardian

______________________________ date

• Give a Teacher Reference Report to your child’s teacher.

• Please provide the teacher with a stamped envelope addressed to:

  Mid-Pacific Institute
  Office of Admissions
  2445 Ka'ala Street
  Honolulu, HI 96822-2299

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 Admissions, between December 1 and January 31.

• Should you have any questions, feel free to call the office at (808) 973-5005.