Pearl Harbor Christian Academy

94-1044 Waipio Uka Street, Waipahu, Hi 96797
PH: (808)-678-3997 FAX: (808)-678-6607

MATH TEACHER REFERENCE FORM (6th – 12th Grade)

Please ask your child's most recent or current teacher to complete this form and return directly to the school.

I, _____, parent/guardian of _____ grant permission for the information requested below to be released to Pearl Harbor Christian Academy.

_____ _____

Signature of Parent/Guardian Date

TEACHER: Thank you for your assistance in completing this reference for _____.
Please return this form as soon as possible for the student's application to be processed.

Please indicate how you would rate this student:	Poor		Below Average		Average		Good		Excellent	
	1	2	3	4	5	6	7	8	9	10
Analytical Skills	1	2	3	4	5	6	7	8	9	10
Able to Grasp New Concepts Easily	1	2	3	4	5	6	7	8	9	10
Shows Effort in Classwork/Tasks Assigned	1	2	3	4	5	6	7	8	9	10
Wise Use of Time	1	2	3	4	5	6	7	8	9	10
Class Participation	1	2	3	4	5	6	7	8	9	10
Problem-Solving Skills	1	2	3	4	5	6	7	8	9	10
Able to Work Well in a Group	1	2	3	4	5	6	7	8	9	10
Able to Follow Directions	1	2	3	4	5	6	7	8	9	10
Classroom Behavior	1	2	3	4	5	6	7	8	9	10
Able to Concentrate and Pay Attention	1	2	3	4	5	6	7	8	9	10
Attitude and Respect towards Peers	1	2	3	4	5	6	7	8	9	10
Attitude and Respect towards Adults	1	2	3	4	5	6	7	8	9	10
Cooperation and involvement of Parents	1	2	3	4	5	6	7	8	9	10

Any areas that need improvement:_____

_____

Student's areas of strength:_____

_____

Teacher's Signature: _____ Print Name: _____

School Grade: _____ Phone Number: _____

Thank you for your sincere time and effort in completing this form. Please email or fax directly to: PHCA at the number listed above.