



Ben Lippen Elementary School
Confidential Teacher Reference Form
(Grades 1-5)

For Office Use Only:
Date Received _____

You have been named as one who is able to furnish information concerning his or her family and the character, personality, and ability of the student. Ben Lippen School is a Christian, co-educational, college-preparatory school. Please respond as honestly and completely as possible. Thank you for your assistance.

Applicant: _____ Grade level during instruction: _____

1. Has the applicant successfully completed or do you anticipate successful completion of the current grade?
____yes ____no

If no, please comment: _____

2. How would you rate the applicant's parental involvement in their child's education?
____ extremely involved ____ generally involved
____ somewhat involved ____ rarely involved

Comments: _____

3. Does the applicant have any significant limitation (physical, emotional, social)? ____yes ____no

Comments: _____

4. Please check if the applicant has ever been recommended for, or tested for any of the following special programs:
____ gifted and talented ____ learning disabilities ____ impaired vision
____ speech ____ hearing

Did the applicant participate in this special program? ____yes ____no

Please use the space below to write a one-paragraph reference for this applicant. Please comment on the student's Christian character, as you are able.

Reference: _____

Using the chart below, please rate the applicant. Place your rating (1-5) for each area in the far right-hand column. If you are unable to comment in a particular area, you may leave it blank.

Areas	1	2	3	4	5	Your Rating
Academic Ability	Excellent	Above Average	Satisfactory	Marginal	Academic Risk	
Independent Work and Study Habits	Excellent	Above Average	Weak	Weak	Non-existent	
Integrity	Exceptional	High Moral Values	Weak or Questionable	Weak or Questionable	Record of Dishonesty	
Conduct	Outstanding	Generally Excellent	Good or Acceptable	Marginal	Poor or Disruptive	
Motivation	Excellent	Above Average	Average	Occasionally Weak	Poor	
Attitude and Cooperation	Outstanding	Generally Excellent	Satisfactory	Less than Satisfactory	Poor	
Maturity and Stability	Excellent	Well Above Average	Average for Age	Below Expected Level	Poor	
Overall Evaluation	Outstanding	Excellent	Good	Fair	Poor	

Does the applicant have any outstanding abilities or deficiencies not covered by the above categories? ____yes ____no

Comments: _____

Your name: _____ Date: _____

School Name: _____ Phone: _____

School Address: _____

Signature: _____

The time and effort you have given to completing this form is appreciated. If you wish to provide additional information, please do so on another sheet of paper. Please return the completed form to:

Ben Lippen School, Enrollment Counselor
P. O. Box 3999, Columbia, SC 29230
(803) 786-7200, ext. 3535 / Fax: (803) 744-1387