

LAKWOOD PARK CHRISTIAN SCHOOL

5555 COUNTY ROAD 29 SOUTH
AUBURN, IN 46706
PHONE (260)-925-1393
FAX (260)-925-5010

Student Referral

Student name _____ Grade _____

Instructions to parents: Please give this form to your child's previous teacher to fill out and return to LPCS. If your child has been home-schooled or is entering school for the first time, you may fill it out.

Instructions to teacher: The student named above has recently applied for admission at Lakewood Park Christian School. Please complete this recommendation form and mail it to the Admissions office at the address above as soon as possible. Only school administrators will read the completed form.

Please check any that apply:

Academic

- Works at his/her full potential
- Superior ability
- Above average ability
- Average ability
- Below average ability
- Learning difficulties in some areas

Work Habits

- Does only what is assigned
- Fails to complete work
- Listens attentively
- Is easily distracted
- Is frustrated with work
- Is persistent in most situations
- Is self-motivated
- Works independently

Social and Emotional

- Age-appropriate emotional adjustment
- Easily angered or irritated
- Fearful, anxious
- Is dependable
- Is a friend to others
- Is avoided by others
- Is tolerated by others
- Is respected by others
- Respects those in authority
- Responds positively to correction
- Needs constant correction
- Has serious behavior problems
- Shows positive leadership skills
- Is creative
- Is flexible
- Works well in a group situation

Comments

Your name _____

Position _____

School's name _____

Telephone number _____

Can we call you if we have questions? _____ Today's date _____