



Island Pacific Academy *Teacher Reference Report*

To the Parent or Guardian

- Please type or print the information requested on the first line of the reverse side of this form.
- Please complete and sign the statement of consent below prior to giving this form to your child's teacher. The information on the *Teacher Reference Report* is **strictly confidential** and is used only for admission purposes.

I hereby give my permission to release the information that is requested on the *Teacher Reference Report* regarding my child,

_____ ,
for the purpose of admission to Island Pacific Academy.

Signature of Parent/Guardian

Date

For applicants to Grades 2 – 5

Please give a *Teacher Reference Report* to your child's current teacher.

For applicants to Grades 6 – 12

Please give a *Teacher Reference Report* to your child's English and math teachers.

For applicants to Grades 9 – 12

Please also give a *Teacher Reference Report* to a third teacher of an academic subject, an athletic coach, or an activity director.

Please provide each teacher with a stamped envelope addressed to:

Island Pacific Academy
Director of Admission
909 Haumea Street
Kapolei, HI 96707

This form should be mailed directly by the teacher to Island Pacific Academy.

To the Teacher

We sincerely appreciate your willingness to complete the *Teacher Reference Report* for this student, who is an applicant for admission to Island Pacific Academy. Island Pacific Academy, an independent, coeducational school for students in Pre-Kindergarten through high school, offers a challenging college preparatory education in an enriched, nurturing environment.

Your professional observations of this student are important to us, and are part of the criteria used in considering his/her application. Please know that any information you share will be held in **strictest confidence**.

- Please mail this evaluation directly to the Admission Office between **December 1 and February 1**. If you receive this form after the above dates, please return it as soon as possible.
- If you would like to add additional comments about the student, please attach a separate sheet.
- Should you have any questions, please contact Megan Rolland, Director of Admission, at (808) 674-3567.

We thank you in advance for the help your comments will provide.

HAWAII ASSOCIATION OF INDEPENDENT SCHOOLS

Common Teacher Reference Report – Grades 2-12

Applicant's Name _____ Grade Applying _____
Last First Middle

Class Level: Accelerated _____ High _____ Average _____ Low _____ Heterogeneous _____

Subject and/or Grade _____ Self-contained Yes No

Please check (✓) the appropriate rating. N/A (not applicable) may be used in areas where there is insufficient information.

Academic Qualities

Motivation (effort, drive)	●	●	
	rare	moderate	maximum
Ability to work alone	●	●	
	needs help frequently	needs help occasionally	works well
Homestudy habits	●	●	
	never completes assignments	completes assignments	does more than expected
Participation in discussion	●	●	
	contributes when called on	volunteers occasionally	joins in readily
Ability to express ideas orally	●	●	
	has some difficulty	good	exceptionally good
Use of time	●	●	
	poor	average	excellent
Organization of work	●	●	
	poor	average	excellent
Follows direction	●	●	
	needs much explanation	needs occasional help	responds quickly

Personal Qualities

Leadership potential	●	●	
	a follower	occasionally seeks opportunities	natural leader
Classroom conduct	●	●	
	poor	average	excellent
Cooperates with adults	●	●	
	rarely	usually	always
Personal/social adjustment	●	●	
	relates poorly with others	fluctuating relationships with peers; generally happy person	healthy self image; healthy peer relationships
Ability to work in a group	●	●	
	rarely	usually	always
Consideration of others	●	●	
	rarely	usually	always
Takes initiative	●	●	
	rarely	usually	always
Fulfills responsibilities	●	●	
	rarely	usually	always
Uses suggestions or corrections	●	●	
	rarely	usually	always

We appreciate additional observations about this applicant. _____

Print or Type Name _____ Teacher's Signature _____

School _____ School Phone # _____ Date _____