



## Student Reference Form

*Secondary School (Applying to Grades 6, 7, 8, 9, 10, 11, 12)*

To Administrator, Current Homeroom Teacher, or Counselor:

Your student has applied for admission to International Christian School. This reference is an important part of the application and your cooperation in providing a full and candid report will be greatly appreciated. All information shared will be kept confidential. Please return the completed and signed form electronically by email to ([admissions@ics.edu.hk](mailto:admissions@ics.edu.hk)) or by mail in a sealed envelope.

Full Name of Applicant \_\_\_\_\_

Date of Birth \_\_\_\_\_ Applying Grade \_\_\_\_\_

1. In what capacity have you known this student and for how long?

\_\_\_\_\_  
\_\_\_\_\_

2. Do you currently teach this student?

Yes ☐

No ☐

For each area listed below, please select the option that best describes the student:

Academic Performance	Excellent	Good	Average	Below Average	Poor
English Proficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to Write Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to Develop Topic and Organize Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Editing Ability in Spelling, Punctuation & Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments / Additional Information:					

Work Habits	Excellent	Good	Average	Below Average	Poor
Attention to Task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation in Group Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completion of Assignments on Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation & Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal & Relational Characteristics	Excellent	Good	Average	Below Average	Poor
Honesty & Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of Self-Esteem & Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Exercise Self-Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Relationships with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please briefly comment on the student's strengths and weaknesses.

---



---



---

4. Attitude of Parents:

- Cooperative ☐
- Uninvolved ☐
- Overly Protective ☐
- Aggressive / Insistent ☐
- No Basis for Judgement ☐

Please indicate the level of parental support from 0 (not supportive at all) to 10 (very supportive):

0      1      2      3      4      5      6      7      8      9      10

5. Please indicate if the student has been involved in the following activities:

- |  |   |
|--|---|
| <input type="checkbox"/> Cheating in assignment or assessment                    | <input type="checkbox"/> Fighting with another student/(s)                      |
| <input type="checkbox"/> Verbal threats, profanity & filthy languages            | <input type="checkbox"/> Sexual harassment                                      |
| <input type="checkbox"/> Possession or use of alcohol or illegal drugs on campus | <input type="checkbox"/> Attempted or actual theft of and or damage to property |

6. Has the student ever been suspended or dismissed from school for disciplinary reasons or criminal misconduct?

- ☐ Yes. If so, please explain below: ☐ No

---

---

7. Is this student in good standing and eligible to re-enroll in your school in the next grade level?

- ☐ Yes ☐ No. If not, please explain below:

---

---

8. Has the student been recommended for or is currently receiving support services, e.g. special education, counseling, ELL, etc.

- ☐ Yes. If so, please explain below: ☐ No

---

---

9. Additional comments may help the school to assess the educational needs of the student:

---

---

10. Would you be willing to provide further information if necessary?

- ☐ Yes ☐ No

Thank you for your time and cooperation. Our goal is to support this child's transition and determine success in our program. Please be assured that this information will not be shared with the applicant's parents.

*Continue to next page*

**Referrer and School Information**

First Name of Referrer \_\_\_\_\_

Last Name of Referrer \_\_\_\_\_

Signature of Referrer \_\_\_\_\_

Position \_\_\_\_\_

School Address \_\_\_\_\_

School City, Country \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date \_\_\_\_\_

School \_\_\_\_\_

Email \_\_\_\_\_

SCHOOL CHOP