



CONFIDENTIAL

Student Reference Form

The student below has applied for admission to ACS Athens. For the application to be complete this form has to be completed by a member of faculty and submitted directly by the student's previous school at **admissions@acs.gr**

Student Name (Last, First, Middle):

Year/Grade Completed:

Faculty Name & Title:

How long have you known the student?

Please list some of the courses you have taught this student:

Which five words come to mind when thinking about this student?

Please write a short evaluation of this student's academic strengths and challenges, special talents and interests, character and maturity:



From your experience, how would you rate this applicant in terms of the following qualities:	Poor	Below Average	Average	Very Good	Exceptional
Creative, original thought	☐	☐	☐	☐	☐
Sense of humor	☐	☐	☐	☐	☐
Motivation towards learning	☐	☐	☐	☐	☐
Initiative, independent work habits	☐	☐	☐	☐	☐
Intellectual ability	☐	☐	☐	☐	☐
Academic achievement	☐	☐	☐	☐	☐
Written expression of ideas	☐	☐	☐	☐	☐
Effective class discussion	☐	☐	☐	☐	☐
Participation in group activities	☐	☐	☐	☐	☐
Class behavior, citizenship	☐	☐	☐	☐	☐
Considerate and respectful behavior towards peers and adults	☐	☐	☐	☐	☐
Positive and well balanced attitude	☐	☐	☐	☐	☐
Disciplined work habits	☐	☐	☐	☐	☐
Potential for progress	☐	☐	☐	☐	☐
Overall Evaluation	☐	☐	☐	☐	☐



From your experience	YES	NO
Has this student been referred for or is currently receiving special education or learning support, tutoring or any other accommodations or modifications?	☐	☐
Have there been any disciplinary, socio-emotional or other concerns regarding this student?	☐	☐
Do the parents respond positively to the school's requests or recommendations?	☐	☐
Have you ever had any concerns about the physical, emotional or intellectual well being of this student?	☐	☐

If you answered YES in any of the above, please explain:

Should we need to contact for further details, please provide us with your contact information:

NAME & CAPACITY:

YOUR EMAIL:

YOUR TELEPHONE NUMBER:

NAME OF YOUR SCHOOL:

SIGNATURE:

DATE:

Thank you! We appreciate your time in submitting this reference!