

CONFIDENTIA 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):
Last Grade/Class Completed:
Faculty Name & Capacity:
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?
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Please write a short evaluation of this student's academic strengths and challenges, special talents and interests, character and maturity:



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ACS Athens (American Community Schools)





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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 proving information:	de us with yo	our contact
NAME & CAPACITY:		
YOUR EMAIL:		
YOUR TELEPHONE NUMBER:		
NAME OF YOUR SCHOOL:		
SIGNATURE:		
DATE:		