



**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 & 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?

**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



| 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   |      |               |         |           |             |
| <b>Overall Evaluation</b>  |      |               |         |           |             |

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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!*