

St. Leander School

451 Davis Street

San Leandro, CA 94577

Ph# (510) 351-4144 * Fax# 510-483-6060 * www.stleanderschool.org

CONFIDENTIAL REFERENCE FORM

(Grades K - 8)

****NOTE: THIS FORM IS THE PROPERTY OF ST. LEANDER SCHOOL AND
WILL NOT BE DISCLOSED TO THE APPLICANT****

PLEASE TAKE THIS FORM TO THE SCHOOL YOUR CHILD IS CURRENTLY ATTENDING

Student's Name _____ Current Grade _____ Date _____

School _____

Address _____

City _____

Zip _____

Teacher _____ School Phone _____

Please release the requested information for the above named child and return it to St. Leander School at your earliest convenience. Thank you.

Parent Signature _____

Subject	Outstanding	Good	Satisfactory	Needs Improvement	Unsatisfactory
Math					
English					
Reading					
Conduct in class					
Conduct out of class					
Effort					
Attendance					
Arrives at school on time					

Personal Qualities

Concern for Others					
Ability to Act Independently					
Ability to work Cooperatively					

Academic Qualities

Study Habits including homework					
Attention Span					
Motivation					
Critical & Abstract Thinking Skills					
Ability to Organize & Communicate Ideas					
Follows oral & written directions					
Completes tasks in a reasonable time					

PLEASE COMPLETE THE BACK OF THIS FORM (OVER →)

Is this student currently receiving or has s/he received any special services or educational testing? (i.e. speech and language, resource, tutoring)

Is this student currently under an IEP? Yes No

Reading series: _____ Present level of child: _____

Please comment: _____

Math series: _____ Present level of child: _____

Please comment: _____

Discipline – Please comment: _____

Final grades from last report card

Results of most recent standardized testing

Date of Issue: _____

Testing Date: _____

Reading: _____

Name of Test: _____

Math: _____

Reading: _____ Math: _____

Language Arts: _____

Language Arts: _____

Is there any additional information better conveyed in a phone conversation? Yes _____ No _____

Phone _____

For Private/Parochial Schools

Are tuition and fee payments current? _____ If not explain _____

Please describe the level of parental participation and support _____

Mail to: St. Leander School
451 Davis Street
San Leandro, CA. 94577

Signed _____

Position _____