



YOKOHAMA CHRISTIAN SCHOOL

66-2 Yamate-cho, Naka-ku Yokohama  
Kanagawa, 231-0862 JAPAN  
Tel: 045-651-5177 Fax: 045-651-5191  
E-mail: school@yokohamaunionchurch.org

**Confidential Elementary Student Reference** *from current teacher*

This reference is an important part of the application to Yokohama Christian School. Your cooperation in providing a confidential, full and candid report will be greatly appreciated.

**Please return the completed form to the Admissions Office - Yokohama Christian School**

66-2 Yamate-cho, Naka-ku, Yokohama Japan 231-0862 in a sealed envelope or by fax (81-45-651-5191) or by email attachment to school@yokohamaunionchurch.org.

My / our child is applying to Yokohama Christian School. I / we appreciate your assistance in completing this confidential and give permission to provide the information required. I / we waive any right to read the completed document.

**Child's name:** \_\_\_\_\_

**Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name of student: \_\_\_\_\_ Current grade: \_\_\_\_\_

Name and address of school currently attended:  
\_\_\_\_\_  
\_\_\_\_\_

School phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email \_\_\_\_\_

Name and title of person completing this form:  
\_\_\_\_\_

How long and in what capacity have you known the student?  
\_\_\_\_\_

Please indicate on the continuum below the student's English-language ability.

Please check here if you are not qualified to judge.

Has limited ability  
Speaking and/or understanding

Speaks simple sentences  
Understands directions

Demonstrates substantial  
Ability in speaking and  
understanding English

Low \_\_\_\_\_ High

Please fill out the reverse side...

Please indicate your evaluation of the student.

<b>Academic Qualities</b>	<b>Not Observed</b>	<b>Below Average</b>	<b>Average</b>	<b>Good</b>	<b>Excellent</b>
Learning potential					
Academic achievement					
Curiosity					
Follows directions					
Ability to work independently					
Ability to communicate ideas					
Critical thinking skills					
Class participation					
Language development					
Fine motor development					
<b>OVERALL ASSESSMENT</b>					

<b>Personal Qualities</b>	<b>Not Observed</b>	<b>Below Average</b>	<b>Average</b>	<b>Good</b>	<b>Excellent</b>
Adaptability to new situations					
Accepts teacher directions					
Demonstrates self-control					
Self-confidence					
Concern for others					
Maturity					
Shares with others & waits turn					
Attentive/focused					
Willingness to participate in a group					
Relationship to peers					
Relationship to adults					
<b>OVERALL ASSESSMENT</b>					

**Short Answer Questions**

- Describe this student's major strengths and weaknesses.
- What special talents or abilities does this student possess?
- Have there been any disciplinary, emotional, or other concerns that you know of regarding this student? Please elaborate.
- Has this student been given a psycho-educational evaluation and is he or she receiving any special education services and/or tutoring support? Please elaborate.
- Are the parents supportive of school policies?      Yes      No
- Are the parents responsive to school suggestions?      Yes      No
- Any additional reference comments will be appreciated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(M/D/Y)