



## Confidential Teacher Reference Letter (Form 4)

This form is to be completed by a current teacher, counsellor or Principal and returned directly to Bodwell's Admissions Office by email: office@bodwell.edu or fax: +1-604-924-5058.

Student's Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Title/subject Area: \_\_\_\_\_

How long have you known the student? \_\_\_\_\_ years \_\_\_\_\_ months

What subjects have you taught her/him? \_\_\_\_\_

### 1. General Characteristics:

Please place check marks (✓) at the points that represent your evaluation of the student in comparison to other students in his or her age group. If you have no fair basis for judgment, do not hesitate to say so.

	Excellent – Top 5% of Their Class	Very Good	Good	Fair	Poor	No Basis for Judgment
Academic/Learning ability						
Motivation						
Integrity						
Emotional stability						
Self-esteem						
Behaviour and conduct						
Leadership potential						
Responsibility and organizational skills						
Study habits						
Classroom participation						
Effort						
Ability to work independently						
Ability to work well with classmates						
Openness to classmates of other cultures						
Maturity (Relative to Age)						



# BODWELL HIGH SCHOOL & ACADEMY

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Relationship with peers						
Relationship with adults						
Personal health						
Attention Span						

2. What are the first three words that come to mind when describing this student's personal characteristics?

a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

3. What is the student's greatest strength? \_\_\_\_\_

4. What is the area that the student needs to improve the most? \_\_\_\_\_

5. List any extra-curricular activities or positions of responsibility in which the student has been involved:

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The student's family situation affects learning and adjustment at a boarding school environment. If you feel it is appropriate, please share with us any thoughts you have regarding this family.

6. To your knowledge, is the parent's perception of their child consistent with the school's understanding of the child?  
Yes    No

7. To your knowledge, has the student ever been referred to a counsellor or psychologist for assessment?  
Yes    No

If yes, please explain circumstances. You may use additional pages.

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Thank you for taking the time to complete this form. Please provide the following information and sign below.

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_